

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



Why is
Deep Relief a
howling success?



It's unique - and it's on TV this winter.

starring
Derek
the dog

DUAL ACTION GEL

DEEP RELIEF™

Ibuprofen plus
levomenthol

IBUPROFEN RELIEVES INFLAMMATION
PROVIDES EFFECTIVE
LONG LASTING PAIN RELIEF
MENTHOL QUICKLY SOOTHES PAIN

IMMEDIATE PAIN RELIEF THAT LASTS FOR HOURS

TRADE CONTACTS: UK - BISM, Tel 01344 741160 Northern Ireland - Prima Brands, Tel 01232 814700 100g Eastern Pharmaceuticals Ltd Tel 0181 569 8174
ABRIDGED PRESCRIBING INFORMATION: **Presentation:** Deep Relief is a clear, colourless gel containing Ibuprofen Ph Eur 5.0% and Levomenthol Ph Eur 3.0%. **Uses:** A topical anti-inflammatory and analgesic for the relief of rheumatic pain, muscular aches, pains and swellings such as strains, sprains and sports injuries. Also for relief of pain of non serious arthritis (P indication only)
Legal category: GSL/P. **Product licence holder:** The Mentholatum Company Limited, East Kilbride, G74 5PE Scotland
PL 0189/0027 **Date of information:** Jan 1999 FURTHER INFORMATION FROM THE LICENCE HOLDER IS AVAILABLE ON REQUEST

NHS winter ads will promote self-care

Glasgow pharmacies
get £44k for drug
counselling areas

Shop design awards:
£5,000 to be won

Wholesalers resign
from PATA to
outmanoeuvre OFT

Analgesics bear up
under the pain



Is a 'no-nonsense
approach' the
right medicine?

Online at <http://www.dotpharmacy.com/>



*Migraleve treats
both headache and nausea
at the same time.*

Kill two birds with one stone with Migraleve Pink. Its double action works against both the throbbing head pain and the nausea and vomiting of a migraine. And, if taken early, Migraleve Pink can prevent a full-blown attack from developing.

A first choice for migraine.

Migraleve™
Bucizine Hydrochloride
Paracetamol, Codeine Phosphate.

Migraleve™ Abbreviated Product Information. **Migraleve Tablets.** **Indications:** For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation:** **Migraleve Pink** - pink tablets each containing Bucizine Hydrochloride BP 6.25mg, Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Migraleve Yellow** - yellow tablets each containing Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Dosage and administration.** **Adults:** *Treatment* Two Migraleve Pink tablets immediately if it is known that a migraine attack has started or is imminent. If symptoms persist, two Migraleve Yellow tablets every four hours. Maximum eight tablets (two Migraleve Pink and six Migraleve Yellow) in 24 hours. **Children 10-14 years** One Migraleve Pink initially. If required one Migraleve Yellow every four

hours. Maximum four tablets (one Migraleve Pink and three Migraleve Yellow) in 24 hours. **Elderly (over 65 years)** As for adults. **Contra-indications, warnings, etc.** **Contra-indications:** Hypersensitivity to any of the ingredients. Not for administration to children under 10 except under medical supervision. **Precautions:** Migraine should be medically diagnosed. Migraleve should be used with caution in patients with severe renal disease or liver dysfunction. Migraleve should not be taken with prescribed medicines or for extended periods without the advice of a doctor. Avoid alcoholic drink. Migraleve Pink only may cause drowsiness. If affected, do not drive or operate machinery. **Side-effects:** Rarely allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (codeine phosphate) or drowsiness (bucizine hydrochloride). **Use in pregnancy:** Whilst there are no specific reasons for contra-indicating Migraleve during pregnancy, as with all

drugs, it is recommended that Migraleve be used with caution in pregnancy. Migraleve is not contra-indicated in breast-feeding mothers. **Treatment of overdose:** As for paracetamol (i.v. acetylcysteine) and codeine (injection of naloxone). **Package quantities and Trade Price:** Migraleve 12 - £2.22; 24 - £3.91. Migraleve Pink 12 - £2.31; 24 - £4.31. Migraleve Yellow 12 - £1.99; 24 - £3.42. **Legal category:** P. **Product Licence Numbers:** Migraleve - PL 01906/0028, Migraleve Pink - PL 01906/0026, Migraleve Yellow - PL 01906/0027. **Marketing Authorisation Holder:** Pfizer Consumer Healthcare, Alton, Hampshire GU34 2TJ. **Date of preparation:** June 1999. Further information available from Pfizer Consumer Healthcare, Wilsom Road, Alton, Hampshire, GU34 2TJ.

Pfizer Consumer Healthcare

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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COMMENT

Pharmacists may be concerned to hear that wholesalers are pulling out of the RPM court case. They may recall that this was the group that put an end to RPM on ethical medicines. Their first reaction may be that this is the first 'crack in wall' that the Office of Fair Trading has been hoping for since it started its inquiry. They should be reassured that this is far from the truth, however the OFT may seek to present it. The wholesalers' move is a result of exasperation with the OFT, and legal advice that they do not need to be directly involved in the case. Since wholesalers are 'piggy in the middle' between RPM setters and enforcers they have no direct influence in its implementation. They resent the detailed investigation into their business that the OFT intended, which, they argue, would have gone far beyond what was needed for next year's RPM hearing. They were members of the PATA for historical reasons. They only contributed just over 1 per cent of its income. The major wholesalers are still indirectly involved through pharmacy ownership, and the last thing wholesalers want is for their customer base to decline. Wholesalers have very good reasons for wanting to see community pharmacy numbers preserved, and as CPAG intends to prove, RPM is key. The OFT might not be so happy that it has been snubbed. It has recently received a put down in its investigation of the Premier Football League. It does not seem to appreciate it is undergoing a disclosure process with PATA and PAGB. That has to be mutually agreed. And it is not operating with the wide ranging powers it will be granted under the new Competition Act. CPAG has stood firm and united for four years. It now has October 2000 in its sights and the OFT has done little so far to shake its confidence in its cause. That is the message community pharmacists need to put across to any who see the marginalisation of pharmacy wholesalers as anything other than a tactical move.

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New scheme retains strengths of the old model, and has added benefits, says UniChem



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Grants available for research into self-care

The Proprietary Association of Great Britain is now inviting applications for grants for research into the interface between self-care and primary care (C&D July 10, p31).

A total of £50,000 will be awarded to individuals or teams whose projects are clinically relevant and generally applicable to the NHS. The projects are likely to be based in community and primary care settings and will be expected to generate research of sufficient quality to be published in the peer-reviewed literature.

For application forms contact PAGB, Vernon House, Sicilian Ave, London WC1A 2QH (tel: 0171 421 9318; e-mail: libby.urbittaker@pagb.co.uk). Outline applications should be sent on these forms, to arrive by 12 noon on November 1. Shortlisted applicants will be asked to submit a more detailed proposal before an interview in December.

Government plans NHS winter ad campaign

A national advertising campaign, 'Choose the right remedy this winter', will run from the end of November until the first week in January.

Sponsored by the NHS Executive, the campaign aims to encourage the best use of health services, in particular by making full use of pharmacists and using Accident and Emergency and out-of-hours services appropriately. It aims to promote self care, where appropriate, and support public confidence in the NHS.

The branded NHS advertising, which will have an extra boost over the millennium holiday, will include

a national press campaign together with advertising at sites close to leading supermarkets and inside pharmacies.

A public education leaflet will cover winter ailments and how to treat them. Material on the appropriate use of antibiotics will be sent to GPs, pharmacists and prescribing advisers a month before the public education campaign. National activity to publicise flu vaccination will start during Flu Awareness Week from October 25-29.

A Winter Information Pack is being distributed to chief executives of

health authorities, NHS Trusts, primary care groups and community health councils, giving ideas for communicating information about health and social care to the public. One suggestion is to link up with pharmacies and supermarkets to distribute information about out-of-hours arrangements. Copies are available on the NHS Response line 0541 555455.

The National Pharmaceutical Association and the Doctor Patient Partnership are among the bodies closely involved with the NHS Executive in developing the campaign.

Wholesalers' move may boost RPM case

Pharmaceutical wholesalers have withdrawn from the legal action brought by the Office of Fair Trading in its bid to bring an end to resale price maintenance on OTC medicines.

Citing bullying tactics by the OFT, the wholesalers have reaffirmed their continued support to retain RPM despite their resignation from the Proprietary Articles Trade Association, a member of the Community Pharmacy Action Group (see p36).

Wholesalers are concerned that the OFT was overstepping its investigative powers in what is a judicial matter, in wanting wholesalers to complete a complex business survey. Legal advice

suggested that, as the middlemen between manufacturers and retailers, wholesalers do not need to be involved. As such, their withdrawal from the data gathering process for the court hearing, beginning on October 2 next year, will not affect the arguments to retain RPM.

"The wholesalers do not need to be coerced to co-operate," said CPAG secretary Sue Sharpe, adding: "This will go a long way to clarify and simplify the basic information." And while anticipating that the OFT will try to make capital out of the news, Mrs Sharpe emphasised: "Wholesalers say they are totally committed to the case and will

provide relevant information where necessary.

"The demands the OFT has been making on wholesalers is disproportionately enormous for the information which seems at best peripheral to the issues in the case. The basic information will be available from the other two questionnaires."

Other PATA members will still be expected to take part in the data collection exercise. The first survey form has gone out already to 'RPM setters' - manufacturers, distributors and importers - and another will go out to 'RPM implementers' - mainly pharmacies - in the next few weeks.

CPAG needs your data

A few hundred randomly selected pharmacies, all members of the National Pharmaceutical Association, will be sent a questionnaire in the next few weeks, asking for details of their business and the impact that the loss of RPM will have on it.

It is imperative that pharmacists who receive this questionnaire complete and return it, says the Community Pharmacy Action Group. "This is a case that can not be won on anecdotal stories, but needs hard evidence."

Besides the potential impact closures of vulnerable pharmacies will have on patient access to pharmacy services, CPAG is also concerned about product choice. It says that smaller, slower selling OTC medicines may disappear if supermarkets become able to price promote major

lines. "We are concerned that the removal of RPM could lead to a decrease in the viability of a number of product ranges, and hence consumer choice," commented Mrs Sharpe.

Although Boots is not a member of the NPA and is not party to the case, it is a member of the Company Chemists' Association, which is a member of CPAG. "Boots is totally and unreservedly supportive of RPM," said CPAG chairman David Sharpe.

"Our information to date is that it is the small independents who are most vulnerable," he continued. "We are looking to protect the network of access."

CPAG also believes OFT arguments, that prices will fall with the removal of RPM, are unfounded. There may be the occasional price promotion through supermarkets, but "the image of prices falling is absolute garbage".

Supermarket chains are being investigated by the OFT over alleged overpricing of food and household goods - areas where the UK has higher prices than the rest of Europe. However, UK medicine prices are already lower than elsewhere in Europe.



Community Pharmacy Action Group secretary Sue Sharpe

RPSGB 'disappointed' over DoH strategy delay

The Royal Pharmaceutical Society says it is disappointing that the Department of Health has still not seen fit either to publish the pharmacy strategy or to appoint a chief pharmaceutical officer.

RPSGB head of professional and scientific support, Roger Odd, said on Sunday at Chemex: "It would be helpful for the strategy to be published to take things forward. The matter is high on the [DoH's] priority list, but no indication has been given of when."

While acknowledging the work that Jeanette Howe has been able to do as acting chief pharmacist, Mr Odd said it was a "disappointment" that there was no continuity of CPO following Bryan Hartley's retirement in April.

Third Roche training module this week

Roche

The third in a series of free accredited training modules brought to you by *Chemist & Druggist* and Roche Consumer Health is included in this week's issue.

Looking at upper gastro-intestinal health, the module provides one and a half hours of College of Pharmacy Practice-accredited postgraduate education for pharmacists. The module may also be used by pharmacy assistants.

Pharmacists who have already completed last September's 'Vitamin' module or the 'Minerals and Supplements' module earlier this year, and have a 'VMS' pin number for telephone marking, can use this number again. (Registration form on p30 this week.)

BPC soap box invite

Visitors to next week's British Pharmaceutical Conference will be given the chance to spout off on topical issues on the Community Pharmacy Group soapbox. Through the week, delegates will be able to visit the CPG stand during the morning to talk about any issues they want. In addition, the CPG is organising a breakfast session on the Crown Report on Tuesday morning, hosted by the BBC's Vincent Kane.

Scottish monthly statistics

There were 4,675,508 prescriptions dispensed in Scotland in May, 4,666,577 by chemist contractors, at a total cost to the exchequer of £48,966,575 (£51.92 million gross). For chemist contractors, the ingredient cost per prescription was £9.5377, dispensing fees were £0.9492 with a professional allowance of £0.3536 and oncost of £0.0015. The gross total per prescription was £10.9727 or £10.3395 net. The average CD fees cost per prescription was £0.0677.

President's Prize 2000

Pre-registration students in Northern Ireland are being reminded that they need to register their project by September 20 for the President's Prize 2000 (*C&D* July 3, p6). The prize of £1,000, sponsored by Reckitt & Colman will go to the best paper on a community pharmacy practice topic. Contact the Pharmaceutical Society of Northern Ireland at 73 University Street, Belfast BT7 1HL. Tel: 01232 326927.

Pill goes on sale in Japan

The Pill has finally gone on sale in Japan, nearly 40 years after it was approved in the UK. The male clamour for Viagra helped force the issue, especially as the impotence drug was approved in under a year.

Emergency contraception manual issued in Sheffield

Sheffield Health Authority has sent a manual about emergency contraception to all community pharmacists and GPs in the area.

'Emergency Contraception in Sheffield' contains guidelines for pharmacists, details of services available, community family planning clinic guidelines and guidelines from the Royal Hallamshire Hospital's department of genito-urinary medicine.

Pharmacy guidelines include:

- all pharmacies should have an information leaflet on display, and a

poster if possible, about emergency contraception

- all staff should be trained about emergency contraception and how it can be accessed

- where a pharmacist feels unable to offer emergency contraceptive advice, a notice stating this should be displayed, listing alternative sources of help

- where touch-screen information systems are available for public use, the pharmacist should try to make the local emergency contraception information accessible.

Another initiative reflecting the current heightened awareness of contraceptive issues in the area is looking at prescribing emergency contraception under protocol. This would mainly be in an 'out-of-hours' capacity, would fill an identified gap in access, and prevent inappropriate out-of-hours calls to GPs, said the health authority.

Discussions are also taking place about funding for pharmacists to provide free pregnancy tests, in a scheme similar to one already running in Rotherham.

GGDAT to fund counselling areas in 12 pharmacies

Greater Glasgow Drug Action Team is funding the construction of private counselling areas in 12 pharmacies in the area.

The £44,000 of funding is a result of patient surveys and focus groups that have highlighted the need for increased privacy to allow drug abusers to speak discreetly with pharmacists. All pharmacies in the area will be sent an application form early next month. Pharmacists must identify their commitment to providing services such as methadone supervision, needle exchange, and general health promotion campaigns, as well as explaining how they will use the area. Counselling areas will be installed in 12 selected pharmacies by March.

Although the areas will be mainly used for drug abuse programmes and counselling, they should be seen as "health advice points", for use in health promotion and general patient counselling, said Scott Bryson, pharmaceutical policy adviser at Greater

Glasgow Health Board. Advice points will be tailored to suit individual situations, but the DAT wants to create a uniform appearance to make them easily identifiable by patients.

A pilot study that involved installing counselling areas in another 12 pharmacies was completed in March. These installations are currently being evaluated, but preliminary results are "very positive".

Another DAT funded project, worth £3,900, will distribute 5,000 copies of a 'take care' information wallet through pharmacies in the area. The credit card sized wallets contain five information cards for drug abusers about preventing and dealing with overdose.

Wallets have already been sent to pharmacies involved in needle exchange programmes, which are expected to be its main distributors. Samples are being sent to all pharmacies in the area, with further supplies available from the GGHB health promotion department.

The initiatives are part of the GGDAT Strategy 1999/2003, which was launched on August 18. The strategy has been developed over an 18-month period and involved consultation with all the agencies represented on the DAT as well as other organisations, including the Area Pharmaceutical Committee. GGDAT has an extra £1 million funding for new services from the additional Government allocation for drug treatment services announced in February.



A card from the 'take care' information wallet

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried during August:

- Systemic lupus erythematosus (1134)
- Depression (1135)
- Generic prescribing (1136).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply). Internet users can catch up by accessing the dotpharmacy site (<http://www.dotpharmacy.com>). Pharmacy Update is supported by Genus Pharmaceuticals.

Study of advance emergency contraception in Lothian

Women in Lothian are being offered supplies of emergency contraception to keep at home, in an attempt to reduce abortion rates.

GPs and family planning clinics are prescribing Schering PC4 to suitable women aged between 16 and 29. The study will enable changes in Lothian abortion rates over the next two years to be compared with those elsewhere in Scotland. The women are encouraged to continue with appropriate routine contraception.

Dr Anna Glasier, clinical director, Lothian Primary Care NHS Trust Family Planning and Well Woman Service, said that about 12,000 pregnancies a year in Scotland are terminated.

"A pilot study of 530 women, recently carried out in Lothian, showed that where emergency contraception was kept at home, it was used appropriate-

ly and correctly," she said. The women were not more likely to use it repeatedly, nor did they abandon more reliable methods of contraception.

Category D changes to September Drug Tariff

The following items do not appear in Category D of Part VIII of the September Drug Tariff. Pharmaceutical Services Negotiating Committee has announced:

Bumetanide tablets 5mg, 28s; calcium gluconate effervescent tabs 1g, 100s; diamorphine injection ampoules 10mg, 5s and 30mg, 5s; metformin tabs 850mg, 56s and 300s; nicotinic acid tabs 50mg, 8s; and salbutamol tabs

2mg, 500s and 4mg, 500s.

"In order to be paid correctly for Category D products, endorsements must include the manufacturer and the supplier," PSNC said. Endorsing "(Cox) Mawdsley Brooks", should mean that pharmacists will then be reimbursed at the Mawdsley Brooks price.

Pharmacists should note that nicotinic acid tablets will be deleted from the Drug Tariff in October.

Norton manager highlights patient pack problems

The current apparent generic shortage problem is starting to ease, but supplies may not be back to normal until next spring.

So said Richard Saynor, Norton Healthcare's marketing manager, during a seminar at Chemex last Sunday. He explained some of the problems that have affected the market, including the huge increase in the number of units that the change to patient packs has required.

From a packaging level of about 4 million units per year, when bulk packs were still made, the production line now has to deal with over 30 million units a year. "It's very difficult to meet the demand," he said. With increased quantity there is also a need for increased storage area, and there is also an impact on transportation. Across the generics industry as a whole, there has been a six-fold increase in volume. As a result, this increase in production means that packing lines may be running at near full capacity, with little room to respond to increased demand.

Mr Saynor was also critical of the government guidance which wanted the introduction of patient packs to cost no more, *pro rata*, than bulk packs. Describing this as irritating, he added that this was not possible, as the company has had to resubmit product licences for the new packs, as well as investing in upgrading production machinery and is now having to pay higher distribution costs due to increased volume.

For the pharmacist, the impact of patient packs has been on cash flow and buying patterns. Due to the physical increase in storage space needed, bulk buying with discounts may not be possible, and more frequent deliveries may be required.

CPP announces research awards

The College of Pharmacy Practice has given a research award to develop a study quantifying the costs of providing pharmaceutical care.

Dr Janet Kraska, a pharmacy consultant from Aberdeen, and Ashger Mohammed, a community pharmacist from Glasgow, have been given a John M Harris research award. This should help fund pilot studies involving patients with hypertension and ischaemic heart disease.

Another research award has gone to Dr George Lees, a reader in molecular neuropharmacology at the University of Sunderland, to help towards equip-

RPSGB opposes Superdrug on the 'way forward'

The Royal Pharmaceutical Society has come out in support of pharmacy contract limitation, in response to a report from Superdrug calling for deregulation (see p9).

In a statement issued this week, the Society said the control of entry regulations serve the public interest by supporting a comprehensive national network of community pharmacies in all the places where people live, shop and work.

"Control of entry into NHS contract also allows local health authorities to decide when pharmaceutical services are needed by a local community," a

spokesperson said. "This recognises that local community pharmaceutical service provision needs to be planned as an integral part of primary care and is not just left to the market."

"The Government has set as a priority the need to tackle health and inequality in Britain. There is evidence to show that pharmacies bridge the health gap for some of the more vulnerable people in our society: older people, mothers of very young children and people striving to cope with adverse economic and social conditions."

The National Pharmaceutical

Association, as well, is totally in favour of some form of control of entry regulations, said director John D'Arcy. "The current system is as near as we're going to get to ensuring people have ready access to pharmaceutical services. There's no shred of evidence to suggest the present system is stifling competition - pharmacies already compete with each other cheek by jowl."

The pharmacies that would suffer most from deregulation would be the independents, he added, as the multiples would have the resources to adapt.

Drug Tariff to be made more user friendly

Proposals for redesigning the *Drug Tariff* will be submitted to the Department of Health at the end of this month.

Aimed at producing a more user-friendly document, the proposals include moving all lists and tables to the back of the *Tariff* as appendices, numbering paragraphs BNF style, greater use of plain English, and a printed thumb index for parts.

The Campaign for Plain English has been contacted with a view to obtain-

ing their Crystal Mark for the *Tariff*. When the cosmetic changes to the *Tariff* are complete, expenditure of the Campaign's appraisal fee will be recommended.

Future IT solutions for disseminating *Tariff* information may include a relational database on CD ROM and other computer compatible media, or a web site. But these will not be implemented for some time and will depend on funding. Electronic links between pharmacies, GP surgeries and the PPA

are being investigated. A small scale trial has been completed and was successful, but the project needs developing and additional funding.

The changes, which were announced at Chemex last weekend, are being proposed by the Prescription Pricing Authority/Pharmaceutical Services Negotiating Committee Drug Tariff Liaison Group, as a result of recommendations in PSNC's Drug Tariff Working Party report.

Possible link between MMR and regressive autism

There may be a link between MMR vaccine and a particular form of autism, a leading child psychologist has claimed.

Dr Ken Aitken was interviewed on Radio 4's 'Today' programme on Tuesday and suggested that there may be a link between the vaccine and

regressive autism. Dr Aitken was one of the 37 experts convened by the Medical Research Council who reported last March that "there is no evidence to indicate any link between MMR vaccination and bowel disease or autism".

"By and large the vaccine is safe, but for a small number of children there may be a problem and this has got to be fully investigated," he said. Dr Aitken made it clear that he is not advocating that parents opt out from vaccination, only that further research is required.

Dr Aitken is acting as an expert witness for solicitors Alexander Harris in their compensation action against Pasteur Merieux, Merck Sharpe & Dohme, Merieux UK, SmithKline Beecham and Wellcome. These companies have all been involved in the vaccine's manufacture at some time. Alexander Harris is representing the parents of about 400 children who claim their children have been affected by the vaccine.

Initial court proceedings began last

Friday but a trial date is not expected until the end of next year.

More than 2,000 families have contacted lawyers since last year, claiming their children have been affected by the vaccine.

Pasteur Merieux MSD's medical director, Mike Watson, said that Dr Aitken has not presented any evidence to support his argument and suggested three reasons for the increased incidence of autism. Increased diagnosis rates, other environmental factors, and the timing of the vaccination, may all be contributing, he said. "There is no more evidence to link autism with cabbage patch dolls, game boys or the space shuttle, than MMR vaccine," he said.

Although the Medical Research Council concluded there was no evidence for the link last March, it did say that more research was needed. Dr Aitken said although the "evidence was reassuring at that stage", increasing incidents of autism in the US and this country suggest more research is required.

Is partnership the Titanic or an iceberg?

In a previous article I discussed the concept of partnership within the NHS in Scotland and its reception by management and staff. Most people on both sides have given it a cautious welcome: a welcome because it is recognised that within the NHS of the future we are going to have to work more closely together than before.

The continuing financial pressures on trusts mean that some major decisions will have to be made, and it will be far easier all round if both staff and management are pulling in the same direction. So while the goal is clear, it is the achievement of that ideal that is proving awkward.

"The partnership between management and staff is only part of the picture"

Widespread debate is taking place in many trusts to try and move on from the concept to the practice, and it is slowly dawning on people that it is not as straightforward as it first seemed. Any decisions that require staff involvement promise to place significant demands on the time of those acting as union or professional representatives. In addition to their normal work, they will have to find additional time for partnership discussions. The results may be excellent, but cover for these staff is essential if the service is to continue as before. This may prove the stumbling block for many cash-starved trusts.

However, the partnership between management and staff is only part of the picture. There are other affected parties. What about the health board, the local health council, the local healthcare co-operative or primary care group, patient groups, GPs and even community pharmacists?

The list is extensive. If partnership is to fully permeate the NHS, the current management/staff aspect is merely the tip of the iceberg. It will be intriguing to see how, and if, all these diverse threads can be pulled together. Will partnership be like an iceberg brushing aside all problems, or will it be like the Titanic and founder because of opposition or apathy.

Contributed by a senior hospital pharmacist

Xrayser

Topical Reflections

The way forward for Superdrug, but who else?

Superdrug has published a report entitled 'The way forward the need for greater choice and competition in the pharmacy sector' with the hope expressed by its pharmacy general manager Barry Simner that the paper will "stimulate constructive debate" (C&D last week, p 4). Unfortunately, the full report will not be published until this week (see p9), but the brief details so far revealed are sufficient to provide a taste for what is to come.

Regrettably, I see these proposals as reiterating the already well known position that Superdrug has always adopted. To that company, resale price maintenance on OTC medicines and NHS contract controls are a restraint on its ability to expand and should be abolished.

It may couch this policy in fine words, but the message is clear and unchanging. It wants to exploit its dominant High-Street presence and turn its UK-style drugstore chain into an operation more like that found in the US.

This report gives Superdrug's perceived view of the failings of the NHS contract regulations and that is why I am interested in reading it in full. I, too, agree that these regulations are not perfect and that change is needed, but the suggested return to the free-for-all of 20 years ago will not solve the present problems of community pharmacy.

However, the suggestion that money could be raised from the selling of contracts might be worthy of further development, because I see this as a possible way to breaking the present impasse over funding for the relinquishing of contracts.

The present system - whereby some pharmacists with unsaleable businesses are able to exploit the minor relocation regulations and sell their contracts, while others have to close without compensation - could be replaced by the fairer system of buying and selling of contracts into a central pool.

But these are only two aspects of the report. Final judgement must wait until I get this week's issue of C&D when I hope that Barry Simner's



ambitions for constructive debate will be truly realised.

Chemex '99 was an inspirational eye-opener

Well, Chemex was as useful as I had expected, but by the end of the day I was exhausted ... and it was hot! So many stands, so little time and so much to see. As usual I found plenty of new products to stimulate my interest. As I have said, I will take the plunge with a range of electronic health equipment, and now have a good idea of how I want to develop this new sector in my business.

The real eye-opener for me was the Millennium Shop, as an indication of what can be achieved with space and money. You needed to have the imagination to fill the shelves, and fill it with staff and customers, but the ideas were there. However, once back in my own small shop, reality made me think twice. Space is certainly at a premium, and even though I know I have to adapt to new concepts, the capital investment required to re-fit the dispensary and back shop area to accommodate new fittings and a consultation area is daunting. Will I ever see a return?

It is not even that my present fittings are that old. I re-fitted ten

years ago and they were very good quality, certainly good enough to last at least another ten years and they don't even look old fashioned (at least to my eye). So maybe I will have to adopt my normal compromise.

I have to recognise that I do not have unlimited resources, but if I replace my medicines counter, discontinue a lot of those slow moving toiletries and open up the back shop, I should be able to accommodate a quiet area for consulting. A lot more display space for OTC medicines, a more open aspect to my dispensary and some modern signs to identify professional services will make a world of difference without breaking the bank.

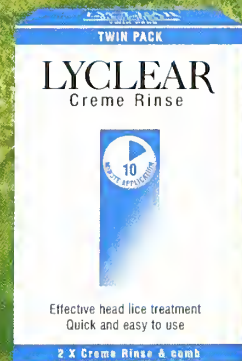
I came away from Chemex excited at what can be achieved, but depressed at the enormity of the problem. But with a little ingenuity and using some of the stimulating ideas from the Millennium Shop I know I can make progress because that is the way I have always developed my business.

I take the best of ideas and adapt them to my own needs. This careful evolutionary style has produced a successful business for me. Now a little more creative adaptation of its ten-year-old fittings should serve me well into the next millennium. So thanks, UniChem, for the inspiration, even though you aren't getting much of my business!

10 MINUTES AGO THE WILSONS DISCOVERED THEY HAD HEAD LICE.



It only takes 10 minutes to treat head lice effectively with Lyclear. Yet it's gentle, pleasant smelling and easy to use. As well as single packs, Lyclear is now available in twin packs so two people can be treated. Which is bad news for head lice but good news for families.



Permethrin

Presentation: 1% permethrin in an orange creme rinse base. **Uses:** Treatment of head lice infections. **Dosage and administration:** Adults and children over 6 months: wash, rinse and towel dry hair. Apply enough Lyclear Creme Rinse to saturate the hair and scalp, leave for 10 minutes then rinse. **Contra-indications:** Hypersensitivity. **Pregnancy and lacta-**

tion: Under medical supervision. **Side effects:** Generally well-tolerated, rarely scalp irritation. **Price (ex VAT):** 59ml £3.23. 2x59ml £5.95. **Legal category:** P. **Further information:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3ZQ. **Product licence number:** 15513/0019. **Date of preparation:** May 1999.

A single voice for pharmacy

Superdrug admits its proposals to abolish contract limitation are controversial. The aim is not to attack anyone – multiples or independents – but to stimulate debate within the profession, says superintendent pharmacist **Michael Keen**

Deregulation of pharmacy contracts would cut costs and release money for new pharmaceutical services, claims Superdrug's new report 'The way forward: the need for greater choice and competition in the pharmacy sector' (C&D last week, p4).

Superintendent pharmacist Mike Keen told C&D that the company decided to publish the report because it is over a year since the health secretary promised a review of pharmacy strategy and nothing has materialised.

"We have a business to run, as have all community pharmacies, so we decided to publish our views about the way forward to try to stimulate debate," he says. "We don't mind criticism if it's constructive, because we believe strongly that if we can get pharmacy to speak with one voice, we can influence government to work in our favour."

The report says there is a clear argument for determining pharmacy distribution through free competition rather than regulation. This would lead naturally to a concentration of pharmacies where customer demands are greatest.

"There are many newly qualified pharmacists who want to go into their own business, but they cannot because the contract forms such a large proportion of the value," says Mr Keen. "Opening up contracts makes it easier for these people to move in and become involved in new pharmacy services such as medicines management, prescribing and health screening. There's a lot of skill and a very vibrant community out there. We would like these young pharmacists to be able to practise what they have learnt rather than let the profession stagnate. It could also help the manpower problem."

The report says there is evidence that the regulations are inconsistently applied. The difficulties in interpretation are leading to an increasing number of appeals and judicial reviews, in which one body overturns the view of the previous one.

"The interpretation problem makes it difficult for businesses to predict the outcomes of contract applications and to plan their business decisions accordingly," the report says.



Superdrug argues for competition rather than regulation

The annual cost to health authorities and the Appeal Authority of administering the system has been estimated at £3.25 million, and the annual cost to businesses around £26.4m.

Superdrug proposes other reforms that should reduce taxpayer costs by £507m over five years. One is to grade the professional allowance to protect independents. This could be done on the basis of size, so that the larger multiples who can obtain the best discounts would be given less support. Or the allowance could be based on distance from the nearest pharmacy, so that the closer they are the smaller the allowance.

The report estimates that the Government could save or re-allocate £202m over five years if the professional allowance was paid on a sliding scale.

There should also be much greater investment in the essential small pharmacy scheme and a separate scheme to fund pharmaceutical services in poor neighbourhoods.

Further money could be saved by increasing the discount clawback from multiples to take account of their increased buying power and the benefits of integrated retailing and wholesaling. The report suggests a maximum clawback rate of 12.5 per cent at £30m prescription turnover. In total, this would increase the amount clawed back by £43m a year, which could again be reinvested in pharmacy services.

Another money-raising proposal is

for the Government to sell contracts, which would help small pharmacies to compete with multiples by maintaining their contract value.

But who can guarantee that these cost savings would be ploughed back into pharmacy, rather than other areas of the NHS?

Mr Keen says: "One of the aims of the document is to promote debate within the profession so that we can eventually speak with one voice and then negotiate more strongly to make sure the money is used to develop pharmacy services. We are unlikely to get more money out of the NHS, so we have to look at how we can allocate it more fairly and be seen to be more efficient. If we can get a more open, competitive environment, it will encourage our paymasters to give us money for delivering services that will attract young pharmacists to buy their own pharmacies."

One controversial idea is for the National Pharmaceutical Association, the Pharmaceutical Services Negotiating Committee and the Company Chemists' Association to merge and form a stronger negotiating body.

Another likely area of dispute will be how much contracts should be worth, if they are sold by the Government. The report suggests a nominal £75,000. At present the average is £100,000 and some can reach as much as £1m.

Mr Keen frankly admits that Superdrug has more than a passing interest in a contract free-for-all. At pre-

sent, only 189 of its 700 stores have a contract so there is potential for a further 500 Superdrug pharmacies, although market forces would dictate where a pharmacy would be viable.

"At the moment we're not delivering what the public wants," he says. Customers often take a different view from the health authority as to whether another pharmacy would be necessary or desirable, particularly as there is no clear cut definition of the terms on which the decisions are based.

"People don't understand why they can't have their prescriptions dispensed [at a non-contract pharmacy] and get frustrated."

Another argument for deregulation is that the present regulations have not brought about a more rational distribution of pharmacies. They still tend to cluster around health centres and the Social Exclusion Unit has found a lack of pharmacies in deprived areas.

And in the move towards one-stop health centres, the Government is positively encouraging pharmacies to leap-frog. "Hence there seems no reason not to allow a free market."

The Government has made clear its commitment to a competition policy and to developing a progressive, patient-led health service, says Mr Keen.

"By deregulating contracts and opening up the way for pharmacists to be paid for new services, we could have a bright future in the NHS. If we can come up with good, common sense practical proposals and be more competitive, we will be more respected by our customers and paymasters, and have a stronger voice."



Superdrug's Michael Keen

The report is being sent to all pharmacists, the Department of Health and the Treasury, and comments are invited (by e-mail to: barry.sinner@superdrug.co.uk). The statistics were assembled by management consultants McKinsey & Co, who also helped compile a report, 'Modernising community pharmacy', for Superdrug in October 1998, in response to the Government's proposed pharmacy strategy review.

Fit for the Millennium

Your pharmacy could go down as an icon of the year 2000. If you have designed, refitted or redeveloped part of a pharmacy between January 1998 and December 1999, you are eligible to enter the Millennium Pharmacy Design Awards, co-sponsored by *Chemist & Druggist* and Whitehall Laboratories. There are prizes totalling £5,000 for pharmacies that are 'fit for the millennium'

Pharmacy design awards

CHEMIST & DRUGGIST



Co-sponsored by *Chemist & Druggist* and Whitehall Laboratories

It's tough out there in the retail jungle, and the competitive pressures are intense. Pharmacies, like any other retailer, need to sell an image of what their business is about to help attract customers.

It starts with the fascia and window display, makes an impact in the front shop and, for most people, will conclude at the counter.

The image is made up of the shop's layout and design, the type, range and variety of its merchandise, and the service offered by its staff.

The Pharmacy Design Awards concentrate on the environment, the stage on which the retail theatre is built.

These are the fifth Pharmacy Design Awards, and once again we are looking for pharmacy businesses that have successfully created a professional healthcare retail environment.

The awards are open to all, from small independents to major multiples. There is a prize fund of £5,000 split between two categories, recognising major refits and smaller initiatives.

Many pharmacists have realised the benefits a refit can bring, and if you are proud of the result, why don't you tell us about it?

The categories

Entries to the Shop Design Awards can be made in the following categories:

1. Newly opened pharmacy or a major refit involving all or a major part of the shop floor.

The judges will be looking for shopfittings and a layout that are functional and sympathetic to the building and the nature of the pharmacy business. Emphasis will be placed on how successfully the finished result puts across the image of the pharmacy as a healthcare retailer within the constraints of the project's budget.

2. Special feature or partial refit

This category seeks to recognise innovative features that pharmacies have had fitted to improve the premises, but which fall short of a major refit. Examples might include special features in a refitted dispensary or medicines counter; counselling areas or consultation facilities; shop fronts and fascias; window display areas; retail fixtures with a specific focus; use of information technology, and so on.

The prizes

The prizes awarded will be:

Category 1: £2,000 for the winning pharmacy, with £1,000 for the runner-

PRESCRIPTIONS



Winners at the 1998 Shopfitting and Design Awards with David Beauchamp (right), managing director of sponsor Whitehall Laboratories

David Beauchamp, managing director of our co-sponsor, Whitehall Laboratories, says: "We at Whitehall are delighted to continue our involvement with *Chemist & Druggist* in sponsoring this prestigious shopfitting and design award.

"To survive in today's competitive environment the goal of all pharmacists must be to provide an efficient and pleasant environment for the public to shop in, while retaining their professional image. At Whitehall we believe that pharmacies have a unique opportunity to add value to the service they provide by creating quiet areas in which to give advice, and in co-sponsoring these awards we seek to reward pharmacists who have taken on the challenge of providing the environment where this can take place.

"Space is becoming one of the major retail challenges for pharmacists, and with the growing number of OTC product launches, it is imperative that pharmacies display OTC medicines to their best advantage and add value to each purchase with professional advice. Given the limited space available in a pharmacy, clever solutions are imperative. Successful ones should ensure customer satisfaction and have a positive impact on your business.

"All that it remains for me to do is to welcome all participating pharmacists and their associated shopfitters and designers to a competition that has set consistently high standards over the years."

The rules

Work on the refit must have taken place between January 1, 1998, and December 31, 1999.

Entries must be printed or typewritten on A4 paper and accompanied by an entry form giving the category entered and the address of both the pharmacy and the shopfitter/designer.

Entry forms are available from Jan Powis at *Chemist & Druggist* (tel: 01732 377487), Don Sibley at Whitehall Laboratories (tel: 01628 669011) and from Whitehall sales representatives.

Entries should be sent to 'Fit for the Millennium', *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

The closing date for entries is February 1, 2000.

Judging will take place on February 17. The judging panel will be drawn from the pharmaceutical profession and the shopfitting industry. The sponsors will be represented by Patrick Grice, editor of *Chemist & Druggist* (non-voting chairman), and Don Sibley, Whitehall Laboratories.

The winners will be invited to an Awards Luncheon, and the results announced in *Chemist & Druggist* before April 30, 2000.

Chemist & Druggist retains the right to publish details of any of the entries submitted.

up, and winners' plaques for both. **Category 2:** £1,000 for the winning pharmacy with £500 for the two runners-up, and winners' plaques for all three.

How to enter

Entrants must describe in no more than 700 words the principal objectives of the work undertaken, how they were achieved in practice, and the impact on the business.

It would be useful if you included the following information in your submission:

- the timetable and programme of work in carrying through the project
- the budget and how the refit was costed
- evidence of what the shopfit/special feature has delivered to the

business in terms of customer satisfaction, increased footfall and higher turnover

- photographs (before and after) and architects' drawings to illustrate the shopfit or special feature.

Eligibility

Entries may be submitted in one or both categories of the Awards, by:

- pharmacy proprietors
- pharmacy managers
- head office (for multiples)
- shop designers/planners.

(Pharmacy managers should obtain the consent of their head office or the owner before submitting an entry. Shopfitters/designers should seek the consent of the party who commissioned the work.)

Script specials



Flu drug best within 48 hours

Speed will be important when treating patients with zanamivir (Relenza), Glaxo Wellcome's new anti-viral for influenza.

The drug should be given within 48 hours of the onset of symptoms, although it is still worth starting later if the infection is life-threatening or if the patient is immuno-compromised,

speakers said at the launch on Monday. Zanamivir prevents viral replication, so the sooner it is given, the better.

The drug is delivered to the lungs, the main site of flu virus infection, by a dry powder inhaler. Zanamivir inhibits neuraminidase, an enzyme on the surface of the virus, and prevents new virus particles from spreading to other cells in the respiratory tract.

The recommended dose is two 5mg inhalations twice daily for five days (Diskhaler and five disks with four blisters containing 5mg, £24 basic NHS).

It is licensed for the treatment of influenza A and B in adults and adolescents 12 years and older. It is not licensed for flu prevention, although studies are looking into its possible prophylactic use.

Clinical trials in over 6,100 patients have shown that if Relenza is taken within two days of the onset of symptoms, the duration of illness is reduced

by up to three days (40 per cent) and symptom severity is reduced by 44 per cent, compared with placebo.

A survey of 868 patients taking Relenza in Australia showed that 66 per cent returned to normal activities within 72 hours of the first dose, and 61 per cent started to feel better within 24 hours. The incidence of adverse events was similar to placebo and the most commonly reported symptoms were those of flu itself.

Relenza's efficacy has been demonstrated in otherwise healthy people who started treatment within 48 hours. A limited number of high risk patients, such as the elderly and asthmatics, were included in the trials, so efficacy data on these groups is limited. Safety during pregnancy has not been established and use is not recommended in breast-feeding mothers.

Glaxo Wellcome UK Ltd.
Tel: 0181 990 9000.



The Diskhaler device used for administration of Relenza

MEDICAL MATTERS

Pharmacists crucial in stroke management

The Stroke Association is looking to pharmacists in its drive to encourage people to have their blood pressure checked during Stroke Awareness Week (September 27-October 3).

The emphasis in this year's campaign is on monitoring blood pressure. Pharmacists have a crucial role in managing stroke, said Stroke Association director Eoin Redahan, by either undertaking BP checks themselves and liaising with the GP on results, or

by encouraging people to go to their doctor for a check.

"Four out of ten stroke deaths can be prevented by controlling hypertension. Pharmacists have an important education role here," he said.

Pharmacists' educational role also extends to ensuring diagnosed patients comply with their antihypertensive drugs and to answering questions on the new neuroprotective and clot-buster drugs, which are expected

to arrive in the next 18 months.

At the launch of a new survey from Action For Stroke Group, Dr George Kassianos said that primary care groups will increasingly turn to pharmacists for advice on the best use of drugs in managing stroke.

Up to a quarter of GPs surveyed were unaware of the stroke services available to them locally and around half said they had no access to specialist stroke services.

Communication gap between patient and GP in migraine

Migraine is poorly understood by GPs because patients find it difficult to communicate their symptoms and the impact of migraine on their lives.

In research undertaken by the Migraine Action Group, patients said that it took up to five consultations before their GP fully understood the impact of migraine on their daily life.

Just over half of a sample of 429 sufferers said they often had difficulty explaining the full impact of migraine on their quality of life. By contrast, almost two-thirds of 185 GPs believed migraine sufferers often had difficulty

verbalising the extent of the problem.

The survey also asked GPs and patients what they found most frustrating about consultations. The top three gripes for patients were:

- lack of understanding by GPs of their condition or its effects (cited by 16 per cent of respondents)
 - difficulty to explain what the pain is like (13 per cent)
 - lack of consultation time (9 per cent).
- For doctors the problems were:
- lack of time (68 per cent)
 - lack of feedback from patients (31 per cent)

- inability of patients to convey sufficiently what is wrong with them (24 per cent).

However, 90 per cent of GPs believe the single most effective method of improving a consultation and bridging this communication gap would be for patients to keep a migraine diary.

- A new leaflet entitled 'Tackling Migraine Together' is available from the Migraine Action Association. Tel: 01932 352468.
- The Migraine Trust has launched a free 'Women and Migraine' booklet. Order on 0171 831 4818.

IN BRIEF

Dermol 600 for bath

Dermol 600 Bath Emollient (600ml, basic NHS price £8.49) is a new addition to the Dermol range in addition to the shower emollient and lotion. It carries a Pharmacy licence. **Dermal Laboratories Ltd.**
Tel: 01462 458866.

Lipantil Micro new strength

Fournier has introduced a high dose Lipantil Micro containing 267mg of micronised fenofibrate. Lipantil Micro 267 (28 capsules, basic NHS price £21.75) is indicated for patients with severe dyslipidaemia who have found Lipantil Micro 200 inadequate. In addition, Lipantil Micro 200 now comes in a 28-capsule pack (£21.75) and the price of Lipantil Micro 67 has been reduced to £23.30 under the PPRS. **Fournier Pharmaceuticals Ltd.**
Tel: 01753 740400.

Glutafin fortified with calcium

Nutricia has fortified its Glutafin gluten-free flour mixes with calcium, in a bid to boost patients' intake of the mineral. Glutafin flour mixes will provide over half of the reference nutrient intake (RNI) for calcium per daily serving (the recommended RNI of calcium for adults is 700mg). Coeliac patients are prone to calcium deficiency and osteoporosis due to poor absorption of nutrients. **Nutricia Dietary Care.**
Tel: 01225 711801.

Paediasure range extended

Ross is extending the Paediasure range of liquid feeds for children to include four flavours: banana, vanilla, strawberry and chocolate. They come in 200ml tetrapaks (27, basic NHS price £48.82). A 500ml ready-to-hang (vanilla only) has also been introduced (15, £67.80).

Ross Products. Tel: 01795 593203.

Eczema Week coming soon ...

National Eczema Week (September 25-October 2) will be focusing on the impact of the skin disease on children and teenagers. The campaign will include a new booklet for parents and a range of materials for teachers. Healthcare professionals will be sent information packs - more details can be obtained from: **The National Eczema Society.**
Tel: 0171 388 4097.

Only 6 out of 10

pharmacists

ever get a chance to

sit down

in a day's work¹

But 9 out of 10

people

who try

Solpadeine are likely to

buy it again²

No job is perfect. But having loyal, satisfied, high-spending customers certainly helps. And that's why the Solpadeine NEW TRIAL PACK is such a great idea. It's designed to be displayed on your counter and to bring you more Solpadeine customers. They're the people who come to pharmacies only, have the

highest loyalty of any analgesic customer and will spend five times more each year than a customer purchasing the next most popular brand³. So, whilst you may not be sure if you'll get a chance to sit down today, you can be sure of Solpadeine. Order now from your wholesaler, whilst stocks last.

Solpadeine Few things in life are as certain as Solpadeine





Counterpoints



Countdown to cod liver oil season

Seven Seas is mounting a trade and consumer promotional campaign to increase visibility and sales of its cod liver oil brand.

From this month, Seven Seas will be distributing new window display materials featuring the brand's Tin Man icon, which will be appearing daily, before, after and during Channel 4's 'Countdown' quiz show, hosted by Richard Whiteley and Carol Vorderman.

To encourage pharmacies to create an eye-catching window display, Seven Seas is inviting independents to enter photographs of their display in a competition to win vouchers. First prize is £1,000, second is £500 and ten runners up will receive vouchers to the value of £50.

To generate interest in-store, there will be a Countdown counter display and consumer competition. The counter unit holds three of Seven Seas' One-A-Day capsules, Cod Liver Oil Plus Evening Primrose Oil and Odour Controlled Blend.

The competition features three 'Countdown conundrums'. To enter, consumers are required to solve the puzzles and give the Seven Seas Tin Man a name. The top prize is £2,000, and 100 second prizewinners will receive the Countdown board game. There will be 10,000 third prize winners, who will win copies of the Countdown quiz book.

Seven Seas Ltd.
Tel: 01482 375234.

Trinity launches Snappy Shave with introductory promotional offer

Trinity Sales & Marketing is launching Snappy Shave, a shaving foam applicator that fits directly onto the foam canister.

The reusable unit comes with either badger or bristle brushes and in two colours: blue or black.

It can be sold as a stand alone unit

Liquid capsule Nurofen for fast absorption

Crookes has launched a new liquid capsule formulation of Nurofen.

Nurofen Liquid Capsules (ten, £1.75), a GSL category product, contains 200mg liquid ibuprofen in an easy-to-swallow gelatine capsule. The new formulation is claimed to be absorbed twice as quickly as Nurofen tablets.

Claire Vincent, senior product manager for Nurofen, said: "New Nurofen Liquid Capsules are proof

of Crookes Healthcare's commitment to driving category innovation and leading the ibuprofen sector. They are supported by attractive sales packages, making them a profitable option for the pharmacy trade."

The new launch is being supported by a £2 million TV advertising campaign to run later this year.

Crookes Healthcare Ltd.
Tel: 0115 953 9922.



New Intima offers added pleasure

Sutherland Health launched a new personal lubricant at last week's Chemex exhibition.

Intima is a clear, water based lubricant, which is designed to enhance sexual pleasure. Unlike oil-based lubricants, the product will not damage condoms.

It is formulated with a smooth and silky texture which, the company

says, complements the body's natural vaginal moisture, minimising any pain or discomfort due to vaginal dryness.

Retail price is £5.95 for a 100g tube.

Sutherland Health Ltd.
Tel: 01635 874488.

Bigger pack for Care Dispersible Aspirin

Thornton & Ross has reintroduced Care Dispersible Aspirin tablets in a larger pack.

The tablets have a Pharmacy Only status and are available in a pack size of 100. There are 12 packs in an outer with a standard trade price of £9.90.

Thornton & Ross Ltd.
Tel: 01484 842217.

Strepsils relaunch clarifies pain relief proposition

Crookes Healthcare is relaunching its Strepsils Dual Action and Strepsils Direct Action as Strepsils Pain Relief Plus lozenges and Strepsils Pain Relief Spray.

The formulation of the products remains unaltered. The change is being made to clarify the pain relief proposition and to differentiate Strepsils Pharmacy Only products from the core range.

It will also help bring the two product formats together under one sub-brand name, while offering consumers the choice of two different formats. Both products contain an anaesthetic to numb stabbing, painful sore throats.

Strepsils Pain Relief Plus retails at £2.49 for 24 lozenges and Strepsils Pain Relief Spray retails at £4.29 (10ml).

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

Spray on first aid for cuts launched at Chemex

A new spray to help stop bleeding made its debut at Chemex on the PIF Medical Supplies' stand.

Seal-on is a powder in spray form from Beta Healthcare. The active ingredients are the calcium/sodium salt of oxidised cellulose (M-DOC).

Available from October, the hypo-allergenic product is formulated to control capillary bleeding from wounded skin.

It should be sprayed liberally onto a wound from a distance of 15cm.

On saturation with blood, the powder layer becomes red to dark brown.

The spray on powder is the first in a range of 22 woundcare products currently under development at Alltracel Pharma in Ireland.

Retail price is £4.99 (40g).

Beta Healthcare.
Tel: 0115 918 3309.

FACT INFORMATION NUROFEN LIQUID CAPSULES.

In Liquid Capsules:
capsule contains
ibuprofen PhEur.
Indications: For the relief of
moderate pain such
as headache, backache,
toothache, dental pain,
rheumatic and muscular
pain, cold and flu
symptoms and feverishness.

Dose & Administration:
For Adults and Children over 12
years: Initial dose 2 capsules
with water, then if
necessary 1 or 2 capsules
every 4 hours. Do not
take more than 6 capsules in any 24
hours. Not for use by
children under 12 years
without medical advice.

Contraindications:
Sensitivity to any of
the constituents, aspirin, or
other NSAIDs. Patients with
asthma, or a history of, pep-
tic ulceration. Patients with a
history of bronchospasm,
angina, or urticaria associ-
ated with aspirin or other
NSAIDs.

Precautions and Warnings: Bronchospasm
may be precipitated in
patients suffering from, or
with a previous history of,
asthma or allergic
disorders. Undesirable effects
may be minimised by using
the minimum effective dose
for the shortest possible
duration. The elderly are at
increased risk of the conse-
quences of adverse reac-
tions. Caution is required in
patients with renal, cardiac
or hepatic impairment
as renal function may
be impaired. The dose should
be as low as possible and
renal function should be
monitored. Asthma sufferers,
especially those taking
other pain killers, or
taking any other medical
treatment and pregnant
women, should consult
their doctor before taking
Nurofen Liquid Capsules.

Side Effects: Gastro-intes-
tinal - Abdominal pain,
heartburn and dyspepsia.
Gastro-intestinal bleed-
ing. Occasionally peptic ulcer.
Skin - Punctate, urticaria,
exfoliative dermatitis,
epidermal necrolysis
have been reported with
Nurofen. Renal - Papillary
necrosis which can lead to
renal failure. Others - Hepatic
dysfunction, headache, dizzi-
ness, hearing disturbance,
thrombocytopenia.

Product licence Number:
00327/0118. **Licence**
Holder: Crookes Healthcare
Limited, Nottingham NG2
7EG. **Legal category:** P
(GSL). **Price:** £1.75.
© August 1999.

Reference: 1. IRI MAT June
1999. Value total market.

GUARANTEED TO CREATE A BUZZ

New Nurofen Liquid Capsules have arrived.

A two million pound Nurofen TV
campaign will announce this new arrival
from the UK's No.1 analgesic brand!.
It's guaranteed to create quite a buzz
amongst new customers as well as
loyal Nurofen users.

Each red soft gelatin capsule delivers
a liquid dose of Nurofen pain relief,
but with the convenience of a solid format.
Nurofen Liquid Capsules are quickly
absorbed to target pain, so get ready
for this exciting new encounter.

new

CROOKES
HEALTHCARE

www.nurofen.com

Transparently Good



Ibuprofen

Olay Colour faces the millennium

Procter & Gamble will launch a limited edition Millennium Collection in its Olay Colour range in November.

The holographic cosmetics collection will feature new iridescent and shimmering colours. It will include six shades of new Lipgloss, Smoothtalking Lipstick in three new shades, Showstopping Nailshine in two purple shades, new Crystal Powder, new Crystal Shadow and new Eye and Brow Definer in silver.

Retail prices range from £4.49 for the Eye and Brow Definer to £5.99 for Smoothtalking Lipstick.

● P&G has signed up and coming 17-year-old model Jacquetta Wheeler to launch the new collection. She will feature in a new Olay Colour Millennium campaign designed to carry the brand into the 2000s and endorse the brand positioning of 'see yourself in different colours'.

Procter & Gamble UK.
Tel: 01932 896000.

Tisserand adds a tang to lips

Aromatherapy Products is launching a tangy, organic new lip balm in its Tisserand range.

Tea Tree & Mandarin Lip Balm is formulated to heal tender chapped lips and keep them protected from the harsh winter elements.

The ingredients include jojoba, palm kernel, cocoa butter and calendula. Retail price is £3.99.
Aromatherapy Products Ltd.
Tel: 01273 325666.

Christmas cracker prices from Cachet

Network Health & Beauty is launching a Christmas price promotion for its Cachet fragrance collection.

Consumers are being offered Cachet products at up to a third off normal prices. The special price for the 15ml edt spray is £3.99 instead of the normal price of £5.95, while the 30ml edt will retail at £5.99

instead of £8.95.

Other products included in the promotion are perfumed body spray, talc, moisturising body lotion and moisturising shower gel. These products will each retail at £1.99.

The promotion runs from September while stocks last.
Network Health & Beauty.
Tel: 01252 533333.



Teenage girls get ahead with Sugar

Cork International is introducing a new range of branded hair accessories for teenage girls.

The company is launching the range under the Sugar brand, having gained the exclusive licence to do so from *Sugar* magazine for teenage girls.

The new range will feature fashion led accessories such as nylon tattoo rings and armlets, diamante grips, mini claw clips, glitter ponytailers,

sequin and glitter clips and beaded headbands.

Retail prices range from £1.50 for a blue glitter flexicomb to £4 for a flower shaped diamante grip.

The Sugar brand is being supported by advertising in the teenage girls' press and in-store PoS material is available for the hair accessories.
Cork International.
Tel: 0121 436 6633.

Buy British with new Penny Black fragrances

Penny Black Fragrances is launching new male and female fine fragrances on September 18.

The Penny Black range is named after the first stamp ever issued in 1840. The fragrances are targeted at style conscious 15-30-year-olds with the underlying patriotic message to 'buy British'.

Penny Black for Him is a masculine fragrance with a fresh top note of citrus grapefruit entwined with spearmint. The dry down has musk and soft vanilla undertones.

Penny Black for Her has a fresh, fruity top note of apple, melon and moss. Precious woods and soft musky vanilla form a warm, erotic base.

The British theme is reflected in the packaging, which features the distinctive red, white and blue 'mod' style symbol.

The symbol will also feature on the first promotion due to run prior to Christmas on limited edition collector's watches - one free with every two purchases.

Penny Black for Him retails at £17.50 (100ml) and Penny Black for Her retails at £15 (50ml). Body Balms and Body Washes will be introduced later this year.

The face of the brand will be football icon and film star Vinnie Jones. He will appear in all brand advertising and PoS material.

The images for the ad campaign (due to break this autumn) were photographed by David Bailey. The advertising will appear on underground posters and key outdoor sites.
Penny Black Fragrances Ltd.
Tel: 0121 426 4777.

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<http://www.miamiblu.com>

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Email : info@miamiblu.com

Now SMA LF offers even more welcome relief

Next time parents have tried everything, but still can't relieve their baby's colic, you could help by recommending SMA LF.* It's a Lactose-Free feed specially developed for lactose intolerance – a condition which may be associated with colic in some young babies.¹ Studies have shown Lactose Free feeds can help reduce crying time and colic symptoms.¹

Another area where SMA LF may help

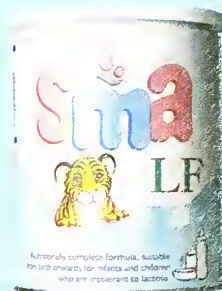
Research has also shown that up to 50% of babies who've had a bout of gastro-enteritis, can develop lactose intolerance² for an average of 2-8 weeks.³

As the only whey-based feed for babies without lactose, with a similar taste and nutrient content to infant formulas, parents can be reassured that SMA LF won't upset their baby's feeding routine.

Welcome benefits for you

Nutritionally complete and suitable for use from birth, SMA LF is 'ACBS' approved and currently being heavily promoted to doctors and health visitors – so make sure you benefit by keeping it in stock.

**FOR ORDERING
INFORMATION
PLEASE CONTACT
YOUR WHOLESALER**



IMPORTANT NOTICE. Breast feeding is best for babies. SMA LF is a nutritionally complete feed, suitable from birth onwards for infants and children who are intolerant to lactose. This product is not suitable for individuals who are allergic to cow's milk protein, who suffer from galactosaemia or those requiring a galactose free diet. Medical guidance should always be sought.

REFERENCES: 1. Kearney PJ, et al. A trial of lactase in the management of infant colic. *Journ of Hum Nutr and Dietet* 1998;11: 281-285. 2. Saavedra JM, et al. Current Concepts in Lactose Malabsorption and Intolerance. *Annu. Rev. Nutr* 1989;9: 475-502. 3. Davidson GP, et al. Incidence and duration of lactose malabsorption in children hospitalised with acute enteritis: Study in a well-nourished urban population. *The Journ of Paed* 1994;105: 4 587-590.

SMA Nutrition, Huntercombe Lane South, Taplow, Maidenhead, Berks, SL6 0PH. Tel: 0845 776 2900.
* SMA and SMA LF are Trade Marks.



**SPECIAL FEEDS FOR
DIFFERENT NEEDS**

SMA to launch infant formula sachets

SMA Nutrition announced at Chemex that it will be introducing powder sachets of its infant formula this autumn.

SMA Powder Sachets will contain the same formula as that in the tins, but in accurate, pre-measured portions. The convenient, easy-tear sachets are hygienic and provide a fresh feed every time.

SMA Gold will be available in 4oz and 6oz sachets in packs of 18. SMA White will come in 6oz and 8oz sachets in packs of 18 and 16 respectively. SMA Progress will be in 6oz sachets in packs of 16.

The sachets will be available in pharmacies from November.

SMA Nutrition.
Tel: 01628 660633.

Scholl targets younger women with Sole Mates campaign

Scholl is supporting its footcare brand with a new TV campaign this autumn.

Entitled 'Sole Mates', the campaign forms part of a £3 million promotional support programme for the brand.

Targeted at women over 30, the new commercial is designed to attract new younger users into the footcare category.

The commercial presents a fresh image of the Scholl footcare brand and features the message 'Scholl... nobody cares more about feet'.

The campaign starts this month and will run in the Carlton region initially.

Seton Scholl Healthcare plc.
Tel: 0161 654 3000.

Ear and nose trimmer

Santo Products is launching a new rotary ear and nose trimmer as a gift for men.

The Kalopi is designed for men to trim excess ear and nose hair easily, safely and painlessly.

Available in black, blue or silver, it comes in a presentation box with a mirror and cleaning brush.

Retail price is £9.95.
Santo Products Ltd.
Tel: 0181 952 0668.

SB doubles up with Aquafresh campaign

SmithKline Beecham is supporting its Aquafresh brand with a £3 million TV campaign this autumn.

The campaign starts on September 20 and will run until November 15. It will begin with a four week re-run of the Aquafresh FlexTip commercial featuring an animated toothbrush working out in the gym. The commercial demonstrates how the brush can

adapt to the shape of different people's teeth.

This will be followed by a four week burst of an Aquafresh Active commercial that focuses on the toothpaste's clinical messages with the aid of an athletic looking woman who targets plaque and gum disease.

SmithKline Beecham Consumer Healthcare.
Tel: 0181 560 5151.



Roll up, roll up for a tasty new look

Grafton International is launching three fun cosmetics in its Fruity range - tasty lip gloss, candy-scented nail polish and fragrant roll-on glitter.

Lip-Roller is a clear lip gloss that contains vitamin E and aloe to moisturise the lips. It comes in six flavours - strawberry, cherry, orange, coconut, kiwi and grape.

Crazy Candy nail polishes release a fruity fragrance when dry. Featuring crazy names like Gone Bananas, Bubble Yummy and Get Slimed Lime,

the polishes can be worn as a topcoat over nail enamel or worn alone.

Rollin' Stars is a roll-on scented glitter to add sparkle to the skin. Fragrances include Black Liquorice, Bubblegum, Cinnamon, Rootbeer and Blueberry.

All the products retail at £1.99.
Grafton International.
Tel: 01543 480100.

ON TV NEXT WEEK

Alberto Culver Advanced VO5: LWT, C4, C5, Sat

Canesten Once: G, CAR, C4

Dettol Original Liquid: All areas except C4

Diffucan One: B, Y

Listerine antiseptic mouthwash: STV, C, M, LWT, C4, Sat

Poli-Grip: GTV, U, STV, G, Y, C, A, HTV, W, M, CAR, TT

Propain: Y, HTV, M, LWT, TT

Pro Plus: C4

Sanatogen Gold: C4, ITV, Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

IN BRIEF

Astral price offer

Dendran has introduced an independent pharmacy price promotion for its Astral moisturising cream. Throughout September and October, retail prices are being set at £0.99 for a 50ml tube, £1.99 for a 150ml tub and £5.99 for a 500ml tub. The prices are boldly flashed on each pack.

Dendran Ltd.
Tel: 01923 229251.

Psoriasis helpline

Pharmax has set up a new Exarex helpline for sufferers of psoriasis. Staffed by healthcare professionals, the helpline runs from 9am to 5pm, Monday to Friday and is available on 01737 508050.

Pharmax Ltd.
Tel: 01322 550550.

Adorn change

Keyline Brands has acquired Adorn hairspray from Schwarzkopf & Henkel. Keyline says the brand will be an ideal complement to its Inecto haircare and colorant business.

Keyline Brands Ltd.
Tel: 0181 893 5333.

Stop! mag goes national

From September 10, *Stop! Magazine*, for smokers who want to quit, will become monthly. Already distributed by Superdrug and Baits as a bi-monthly, the magazine will now be distributed to newsagents and supermarkets. *Stop!* includes celebrity and 'every day' quitting stories, latest research news, and comments on products to help smokers quit. Advertisers will have to provide evidence that their products are effective before their advert will be accepted, says *Stop!*. A counter-display unit is available for the magazine, which retails at £1.85.

Stop! Magazine Ltd
Tel: 01227 779229.

FLU STOP



Relenza stops viral replication in its tracks, helping prevent the spread of infection in the respiratory tract.¹ Relenza significantly reduces severity and duration of flu symptoms.²⁻⁴

RELENZA™

zanamivir diskhaler

▼ Inhaled to stop the flu virus in its tracks.

GlaxoWellcome

Relenza™ Diskhaler (zanamivir) is a new, licensed preparation. For full prescribing information please refer to the full Summary of Product Characteristics before prescribing.

Relenza is indicated for the treatment of influenza A and B in adults and adolescents (≥12 years) who present with symptoms of influenza, when influenza virus is circulating.

Dosage and administration

Relenza is for inhalation only, through Relenza Diskhaler. Two blisters (2 x 5 mg) to be inhaled twice daily for five days. The five day course should be completed. No dose modification is required for the elderly or for patients with impaired renal or hepatic function. Treatment should be started as soon as possible, within 2 days of onset of symptoms.

Contra-indications

Hypersensitivity to any ingredient of the preparation.

Precautions

The efficacy and safety of Relenza have not been assessed in children.

It has not been possible to demonstrate the effectiveness of Relenza in patients with asthma or other chronic respiratory diseases, patients with unstable chronic illnesses, elderly or immunocompromised patients, due to the limited number of patients in these groups treated in clinical trials. Retrospective subgroup analysis suggests that there were no major safety problems when these patients were given Relenza.

Clinically significant drug interactions are unlikely. Relenza does not impair the immune response to influenza vaccine.

Pregnancy and lactation

The safe use of Relenza during pregnancy has not been established. The use of Relenza is not recommended in mothers who are breast-feeding.

Side effects

The most frequently reported adverse events are nasal signs and symptoms, headache, gastro-intestinal symptoms, bronchitis, and cough, which are typical of the signs and symptoms of influenza. In trials adverse events with Relenza were similar to placebo.

Presentation and basic NHS cost

Relenza Diskhaler and 5 disks each having 4 blisters containing 5 mg zanamivir.

Cost: £24.00

Product Licence number PL10949/0327

Product Licence holders – GlaxoWellcome UK, Stockley Park West, Uxbridge, UB11 1BT

POM

Date of preparation: August 1999

References:

1. Relenza Summary of Product Characteristics, GlaxoWellcome UK, July 1999
 2. The MIST Study group. Randomised trial of the efficacy and safety of inhaled zanamivir in the treatment of influenza A and B virus infections. *Lancet* 1998; 352: 1877-1881
 3. Fleming D *et al.* 'High risk' and otherwise healthy patients demonstrate alleviation of influenza symptoms 2.5 days earlier following inhaled zanamivir treatment; European Study, Winter 1997/8. 36th Annual Meeting of the Infectious Disease Society of America, Denver, Co, Nov 12-15 1998. Abstract 789.
 4. DOF REL004
- Further information is available on request from: Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT.

Relenza and Diskhaler are trademarks of the Glaxo Wellcome Group of Companies.

GEN 26137H-Alp/August 1999

No pain, no gain

Despite new pack size regulations and increasing sales through groceries, the pharmacy OTC analgesics category continues to grow. **Steve Bremer** looks at current trends in the pain relief market

Analgesics was the biggest selling category of OTC medicines in the UK last year, with a 17.5 per cent share of the market, worth over £250 million. Despite last year's MLX 231 on pack sizes, and increasing grocery sales, the market continues to enjoy growth of 11 per cent year on year.

Although the MLX produced a fall in the volume of tablets sold - there was a drop of 30 per cent in the mid third of last year - this has been offset by increased pack sales. Market growth has been about 12 per cent since September, reflecting the vast reduction in sales of large, relatively cheap packs of paracetamol.

Pharmacists may actually benefit from the advent of smaller pack sizes, as increased safety awareness has led to more dialogue between pharmacists and patients, according to Mark Cooper, group product manager for analgesics at SmithKline Beecham. Since September, according to an SB survey of 200 pharmacists, the number of patients asking pharmacists for advice on analgesics has increased - by 46 per cent for paracetamol, 38 per cent for aspirin, and 24 per cent for ibuprofen. The survey results will be announced at the British Pharmaceutical Conference next week.

Although the MLX highlighted the dangers of paracetamol overdose, pharmacists still believe it is the safest OTC analgesic, according to the survey. On a scale of one to five, 60 per cent of pharmacists gave paracetamol a safety rating of four or more, while 51 per cent gave ibuprofen the same rating, and 33 per cent thought aspirin was as safe.

An increase in awareness of safety issues among consumers has led to an increase in their confidence about self-medicating. As people become more confident, they are purchasing more powerful combination



analgesics and ibuprofen-based preparations, says Mr Cooper. Patients also require "quicker answers to pain", so their treatment can be taken on the move without interfering with their lifestyle.

Victoria Buckingham, senior product manager for Nurofen, agrees that patients are more confident about self-medication. "There has been a trend to stronger products - people want better and better solutions without having to compromise," she says.

A downside to the pack size changes is that grocery analgesic sales are now growing faster than pharmacy sales. Strongest growth is seen in the impulse purchase

category. Because of restrictions in pack size, patients are not stockpiling and run out more often. "This is a trend we expect to continue for some time," says Don Sibley, pharmacy trade marketing manager at Whitehall Laboratories.

Is the current range of 152 different branded oral and topical preparations necessary, or does it just confuse patients? Ms Buckingham thinks it is justified. "Consumers' approach to pain varies according to the type of pain they are suffering, and their attitude to treating pain."

As analgesics is the largest sector of pharmacists' business, demand is high, so "there are a lot of needs we need to be meeting", she says.

But pharmacists do seem to be aware of the large selection of products on the market, with fewer tablets being held in pharmacies since the MLX. "It would appear that pharmacists have taken the opportunity to rationalise their range, giving more space to faster selling lines," says Ms Buckingham.

Crookes is also rationalising its range, with the discontinuation of Nurofen 400mg tablets and Nurofen Microgranules, and the launch of a Nurofen Long Lasting 300mg tablet in March this year. Crookes is trying to limit the Nurofen range to products with 'unique selling points'. The Long Lasting tablet is "a unique proposition", which provides improved consumer benefits, according to Ms Buckingham. Nurofen Muscular Pain Relief Gel, the first topical product in the range, was also launched in March.

The company is adding another product to its range at the end of this week. Nurofen Liquid Capsules contain 200mg of liquid ibuprofen in gelatine capsules. They are absorbed twice as fast as Nurofen tablets, says Crookes. Liquid Capsules will be supported with a £2 million television advertising campaign during November. The Nurofen brand will be supported with £10m worth of promotional activity during the coming year.

Ibuprofen was unaffected by the pack size changes and Nurofen's sales have increased by 10 per cent. Nurofen Plus sales grew by 24 per cent year on year. The ibuprofen sector of the market is currently worth £36.5m, and its combinations sector a further £10m, according to Crookes.

Whitehall is also planning additions to its analgesics range. "We are launching three highly exciting and innovative products later this year. One is a totally new concept in analgesics, and the others are an entry by Anadin into a new category, albeit

an indication which the brand has consistently used," says Mr Sibley. Rather than launching more products, the way forward for the market may be new indications for existing analgesics, says Mr Cooper. An example of this is SB's Panadol, which obtained a licence for osteoarthritic pain in February.

This new indication follows studies showing that analgesics without anti-inflammatory activity may be more appropriate than NSAIDs in the treatment of common arthritis. The American College of Rheumatology has responded to these findings by recommending the use of paracetamol as the first-line treatment for symptomatic OA. The British National Formulary makes similar recommendations: "In osteoarthritis or for soft tissue lesions, paracetamol... should be used first and can often give adequate pain relief."

Paracetamol should be available in larger pack sizes for the indication of OA only, believes Mr Cooper. This would work if patients were registered with a pharmacy for the supply of these packs, he says. The move would also decrease GPs' workload.

There is still room for new products, such as an analgesic specifically formulated for older children. A product for children aged between six and their early teens would be successful, he says.

A new OTC drug is unlikely, with the deregulation of Prescription Only Medicines expected to slow. "We do not expect any major new OTC analgesics within the next five years," he says. And SB "does not expect to see any GSL switches in the near future".

Mr Sibley remains open-minded on the subject of category switches. On P to GSL switches, he says: "There is always room for innovation, although no obvious candidates spring to mind."

Pharmacists' continuing key role in analgesics sales and advice is shown by the fact that 30 per cent of analgesic purchases are on pharmacy recommendation. The sales growth of Nurofen for Children Sugar Free illustrates the importance of pharmacists' recommendation, says Ms Buckingham. In a market experiencing a 1.9 per cent decline, this product's sales have increased by over 40 per cent to give it a 7 per cent market share.

Analgesics argument

Over the counter analgesics came under attack in June's *Health Which?* Report, which questioned their effectiveness, and linked them to rebound headache and addiction. The report says that 11 per cent of people surveyed are taking analgesics every day. It also

	Total %	Men%	Women%	Over 65s%
Headache	52	50	53	32
Cold, flu, sore throat	12	14	10	11
Back pain	8	7	9	11
Rheumatism/arthritis	5	4	7	18
Tooth/earache	5	6	3	2
Muscular pain/neuralgia	5	5	4	7
Migraine	4	3	4	1
Hangover	4	7	2	1
Other	13	10	15	25
People surveyed	1557	698	859	270

Figures: *Health Which?* June 1999

Table 1: Reasons why people take painkillers



Two additions to the Nurofen range with "unique selling points". The Long Lasting tablets and gel were launched in March

advocates additional on-pack labelling.

The Proprietary Association of Great Britain responded to this article by saying it is not convinced that printed warnings on packets would fully address the issue of addiction. It quotes Simon Wills of the Drug Information Centre, Portsmouth, as saying: "Printing warnings that the product may be liable to abuse or can cause dependence may alert some users to the danger, but will also attract others to experiment with them."

PAGB research indicates that 90 per cent of people who purchase an OTC product for the first time do read the label and follow the advice. As long as this is the case, there is no danger of addiction, it says.

But the industry is taking the issue seriously. A working party was convened last year to determine the

extent of the problem and how best to handle it. PAGB is funding a study being carried out at Queen's University, Belfast, to find out how abuse is handled by pharmacists at point of supply. The Association is also talking to doctors about research into misuse from their perspective.

Sheila Kelly, executive director of PAGB, says: "We need to keep this in proportion. Billions of people have used these products safely and effectively over the years and it is important that they continue to have this freedom."

The link between rebound headaches and analgesics was explored in June's *Drug and Therapeutics Bulletin*. Headache is the most common reason for taking OTC analgesics (see table 1), with chronic tension-type headache occurring in about 2-3 per cent of adults.

Medication misuse often occurs among those with this type of chronic headache, and a rebound headache may develop as a consequence. Withdrawal of the analgesic may lead to initial worsening of the headache, nausea and vomiting, which can last for three to ten days. Treatment with an antidepressant such as amitriptyline at doses of 50-100mg daily sometimes improves the condition, but rarely cures the headache completely. Relaxation exercises, combined where necessary with biofeedback and cognitive approaches, can be helpful in those with chronic symptoms.



Nurofen Liquid Capsules, to be launched this week, will be supported with a £2 million television advertising campaign during November

Market data

Sales of OTC analgesics through pharmacies have increased since last September (see table 2, p22), with sales of GSL packs increasing faster than P lines. This may be attributed to the introduction of new packs and brands.

The same brands dominate the market this year as did last year. Calpol and Nurofen make up more than 50 per cent of total sales. GSL brand leaders have had their share reduced from 40 per cent last year, to 30 per cent.

Nurofen and Anadin Extra are the biggest selling GSL analgesics through pharmacies, as well as the brand leaders in supermarket sales. Anadin Extra has more sales than GSL Nurofen through pharmacies, but their relative market positions are reversed in terms of supermarket sales.

Data sources (see also table 2):

IMS Health, Intrak - based on sales into more than 90 per cent of independent and multiple pharmacies, excluding Boots.

IMS Health, Pharmatrend - based on FPOs data from pharmacies and four major supermarkets.

Another common reason for the purchase of OTC analgesics is back pain (see table 1). A survey conducted by the Office for National Statistics and published in June revealed that 40 per cent of adults suffered from back pain lasting for more than a day during the previous 12 months. Only 40 per cent of sufferers consulted their GP which leaves a large proportion who may visit their pharmacy for advice and treatment.

Making headway

SmithKline Beecham teamed up with PhysioFirst, a group of 3,000 physiotherapists, to launch the 'Making Headway' leaflet in June.

The booklet explains types and causes of headache, OTC treatments, as well as treatments such as physiotherapy and alternative therapies. "We've been amazed by the

Continued on P22 →



Making Headway

THE PHYSIOFIRST & SLOPDAINT GUIDE TO Effective headache control





The most recent addition to the £33.8m topical analgesics market is Handy Sized Ibuleve Mousse, launched two weeks ago. Each 75g can contains 75 applications and costs £7.95. The new line will be supported with a dedicated national press campaign starting in October. The Ibuleve brand has a total support package of over £3.3 million, including nationwide television advertising

→ Continued from P21

response to the leaflet", says Mr Cooper. SB is hoping to distribute 250,000 copies of the leaflet to pharmacies, GP surgeries and PhysioFirst centres. Copies of 'Making Headway' are available on 0500 888 878.

● This autumn, Paracodol is sponsoring a series of competitions in IPC magazines offering tension headache sufferers "the chance to get away from it" with breaks at UK health farms.

● Syndol has been relaunched as a new easy-to-swallow tablet re-packaged with a metallic design. It is also now available in a 30-tablet pack, retailing at £4.29, in addition to the existing ten- or 20-tablet sizes.



Nurse Sykes' Powders have been repackaged and are now available in a pack of four powders for £0.99. The Powders are also available in packs of eight and 32



SmithKline Beecham predicts an increase in sales growth for Solpadeine tablets from 10 to 15 per cent this year. The brand is being supported with a £7 million advertising spend

Table 2	Total sales (£,000)	Pharmacy Only (£,000)	GSL (£,000)
December 1997 – June 1998	67,931	61,776	6,135
December 1998 – June 1999	76,488	68,484	7,994



Panadol sales are increasing at a rate of 8.4 per cent (MAT IRI, May 1999). This year's promotional campaign is focusing on the brand's asthma and gastrointestinal safety



Radian-B's current PR campaign includes sponsoring the Science of Sport Exhibition at Birmingham Museum. Roche is offering free tickets to the museum through local media. It is also running also a sampling campaign with Mineral Bath products and sporting merchandise

Rheumatism relieved

Patients suffering from rheumatic diseases often seek OTC pain relief.

Rheumatologist Dr Mike Shipley explains the latest therapies

Rheumatic patients often ask pharmacists for advice about their drug treatment or OTC analgesics. With paracetamol now a first-line treatment for arthritic pain, pharmacists should keep up to date on this common disease, its causes and treatment.

The commonest rheumatic causes of pain are soft tissue problems, such as shoulder tendonitis, tennis elbow, mechanical spinal pain or minor sprains. These often resolve spontaneously or with help from analgesic or non-steroidal anti-inflammatory drugs (NSAIDs). Locally applied NSAIDs are popular and safe when used over the short term and in moderation. A few studies show them to be more effective than placebo.

Many such short-term or episodic problems never present to a doctor and are managed by the patient, with advice from a pharmacist or physiotherapist.

This helps the patient to keep active while the problem settles. Problems such as severe shoulder pain or back pain with sciatica are best referred to a doctor.

It is important to recognise the causes of arthritis which might benefit from medical advice. Signs of an inflammatory arthritis include swelling, pain and stiffness that are worse in the morning, or warmth and redness of joint. Osteoarthritis is more common in older patients; although it is in part a disease of ageing, there is a lot that can be done to help.

Drugs play an important role in managing many rheumatic diseases, but physical treatments and a global understanding of the patient and his or her problems is important in chronic and painful diseases.

Continued on P24 →

The biggest

Cuprofen continues to be the No1 recommended analgesic brand in pharmacy¹, and the best selling 400mg brand.²

Only in pharmacy

And more customers are buying Cuprofen more often.¹

This phenomenal success is thanks to pharmacy recommendation. That's why we continue to offer premium brand quality and performance at a price your customers like, with the profits you want - and only in pharmacy.



CUPROFEN IS ONLY AVAILABLE IN PHARMACY - FOR IBUPROFEN, CHOOSE CUPROFEN

EN MAXIMUM STRENGTH PRODUCT INFORMATION

ion: Each pink, film coated tablet contains ibuprofen BP 400mg. Indications: For the relief of rheumatoid arthritis (including juvenile rheumatoid arthritis or Still's disease), ankylosing spondylitis, osteoarthritis and other non-rheumatoid arthropathies. Contraindications: For the relief of mild to moderate pain eg dental, post-operative pain and dysmenorrhoea, for the relief of severe or acute conditions it may be advantageous to increase the dosage, provided the total daily dosage does not exceed 2400mg in divided doses, with water. Children: The dose is 20mg/kg/body weight daily except on children weighing less than 30kg. The total dose in 24 hours should not exceed 500mg. Elderly: No special dosage modification is required for elderly patients unless renal or hepatic function is impaired, in this case the dosage should be assessed individually. Interactions: None known. Side effects: Caution should be exercised in administering ibuprofen to patients with asthma and especially patients who have developed bronchospasm with other non-steroidal agents. Special care should be taken when using ibuprofen in elderly patients, in whom renal function should be monitored. Use in pregnancy and lactation: No teratogenic effects have been reported in animal experiments. However, the use of ibuprofen should be avoided if possible during pregnancy. Side effects: Adverse effects reported include dyspepsia, gastro-intestinal intolerance and bleeding and skin rashes. Less frequently, thrombocytopenia has occurred. Very rarely toxic amblyopia has occurred, on cessation of treatment recovery has occurred. NSAID's have been reported to cause nephrotoxicity in various forms and their use can lead to interstitial nephritis, nephrotic syndrome and renal failure. Overdose: There is no specific antidote to ibuprofen. Management usually includes gastric lavage associated with special care of plasma and any other appropriate symptomatic relief. Legal Category: P. Pack Quantities and RSP: £1.45 per pack of 12 tablets, £2.25 per pack of 24 tablets, £3.99 per pack of 48 tablets, £6.99 per pack of 96 tablets. Product Licence Number: PL 0338/008. Licence Holder: Cupral Limited, King Street, Blackburn, BB2 2DX (A subsidiary of Seton Scholl Healthcare Group plc). Further information is available from Seton Scholl Healthcare Group plc. Date of Preparation: April 1999. is a Trade Mark of Seton.

¹ Taylor Nelson Sofres-Courierpoint MAT March 1999 ² Independent Pharmacy Audit MAT Mar to Jun 1999

→Continued from P22

Drugs to treat arthritis

Analgesics and NSAIDs

Analgesics and NSAIDs relieve pain and stiffness. NSAIDs and certain specific drugs control inflammation. Such specific anti-rheumatic drugs and immunosuppressants alter the immune event, which causes inflammation in RA and seronegative spondylarthritis. It is always necessary to consider risk/benefit ratios and constantly review drug therapy. This is especially important in the elderly, who have an increased risk of serious side effects.

Analgesics, such as paracetamol, codeine or combinations of these, are safe and effective for mild pain. Stronger analgesic combinations and drugs such as dihydrocodeine or tramadol are often used on a 'when necessary' basis in the more chronic conditions, despite their greater risk of drowsiness and constipation. The latter is a problem in older, less mobile people.

NSAIDs such as ibuprofen, diclofenac and naproxen have analgesic properties and help the pain of soft tissue injury and OA. Although they do not fully suppress inflammation they are essential, often in a slow release form, to reduce morning pain and stiffness and maintain normal function in inflammatory arthritis.

Higher NSAID dosage and slow release preparations increase the risk of serious gastrointestinal side effects. Indigestion is the most common, and managed with a concomitant dose of a prostaglandin analogue, H2 blocker, or proton pump inhibitor. But there is evidence that suppressing these symptoms increases the risk of sudden and serious gastrointestinal bleeding, especially in the elderly.

NSAIDs work by blocking the production of prostaglandins and leukotrienes. Two specific enzyme pathways exist, COX-1 and COX-2. COX-1 is present in many tissues and produces prostaglandins, such as PGE₂, which protect the stomach and renal blood flow. COX-2 is normally inactive but is induced by tissue injury and produces pro-inflammatory prostaglandins.

The newer COX-2 specific NSAIDs (such as rofecoxib), which do not affect COX-1, appear to produce fewer gastrointestinal side effects. A cost/benefit analysis of their use remains under discussion. They could avoid the need for co-prescription of ulcer protecting drugs, and prevent serious gastrointestinal complications in people with a past history of peptic ulceration. They do not appear



The elderly have an increased risk of serious side effects

to have any benefit in reducing renal side effects or fluid retention. On present evidence, COX-2 sparing drugs such as nabumetone and meloxicam have fewer advantages perhaps because they still have an effect on COX-1.

Corticosteroids

Corticosteroid drugs can be life-saving in auto-immune rheumatic diseases. They are a vital part of the treatment of polymyalgia rheumatica and temporal arteritis.

When starting long-term steroid treatment, it is essential to check for osteoporosis and give prophylactic treatment with calcium (1,200mg) and vitamin D₃ (800units) daily. A bisphosphonate and/or hormone replacement is usually advised.

Types of disease

Osteoarthritis

Osteoarthritis (OA) is the most common joint problem. Predisposing factors include heredity, female sex, obesity, older age and previous joint injury. Cartilage wear is normally balanced by repair. Joint damage in OA is the result of unsuccessful repair and episodes of inflammation, not just 'wear and tear'. Radiological evidence of OA is not always symptomatic, and the level of pain experienced is poorly predicted by the severity of x-ray changes.

Other factors contributing to pain include depression and poor muscle tone. Pain in OA due to a joint effusion is more severe and may need an intra-articular injection of a corticosteroid.

There are several types of OA. Nodal OA produces bony swelling of the finger joints in late middle age. Generalised OA is less common and

affects the knees, thumb and hip joints. Hip OA is commoner in men, while knee OA affects older women.

Although it cannot be cured, much can be done to help. Educating people with OA about its causes and likely effects reduces pain, distress and disability. Weight loss reduces pressure through load-bearing joints. Exercise improves muscle strength and joint movement. Pain and joint stiffness should be treated on a 'when necessary' basis, first with simple or compound analgesics, and occasionally with NSAIDs.

Inflammatory arthritis

Inflammatory arthritis is due to inflammation of the joint lining, or *synovium*. Pain and stiffness are typically worse for several hours in the morning. Inflammatory markers in the blood (sedimentation rate and C-reactive protein) are raised and the patient is often anaemic.

A few weeks' duration may be caused by a viral illness, but when it lasts more than six to 12 weeks, the patient should be advised to see their GP. Early diagnosis and appropriate treatment reduce the risk of long-term damage and disability.

Rheumatoid arthritis

Rheumatoid arthritis (RA) is the commonest inflammatory arthritis. Its onset is usually slowly progressive; affecting several joints (polyarthritis) symmetrically over a few weeks or months. The cause is unknown but young women are more commonly affected than men. Heredity plays a slight but definite role.

Affected joints are swollen, painful and stiff, and are worse for several hours each morning. The patient feels tired and unwell. Occasionally the arthritis is transient, but usually it is

relapsing, chronic and leads to progressive joint damage. RA requires specialist care, drug treatment and other measures to minimise pain and the risk of progressive joint damage.

NSAIDs and analgesics are essential to control pain and stiffness in RA, although they do not reduce the underlying inflammation, or acute phase reactants. Slow release preparations in the evening or a suppository at bedtime prevent morning pain and stiffness.

Disease modifying drugs are suppressant, not curative, but reduce the chronic inflammation and acute phase reactants and reduce the risk of irreversible joint damage. Such drugs include hydroxychloroquine, sulphasalazine, gold salts, D-penicillamine, methotrexate and azathioprine. They are unpredictable in their benefits and side effects, and do not work immediately. Regular monitoring is necessary, and administration is usually under a rheumatologist.

Corticosteroid drugs are given by occasional intra-articular or intra-muscular injection in RA and other forms of inflammatory arthritis. This has the advantage of producing a rapid response. Low oral doses may reduce joint damage in early RA but their long-term side effects are a disadvantage in any chronic disease. This remains controversial.

Patients need advice and support from a physiotherapist about how to adapt to the arthritis, but remain fit and effective in society, and about gadgets, furniture and structural changes in the home or at work.

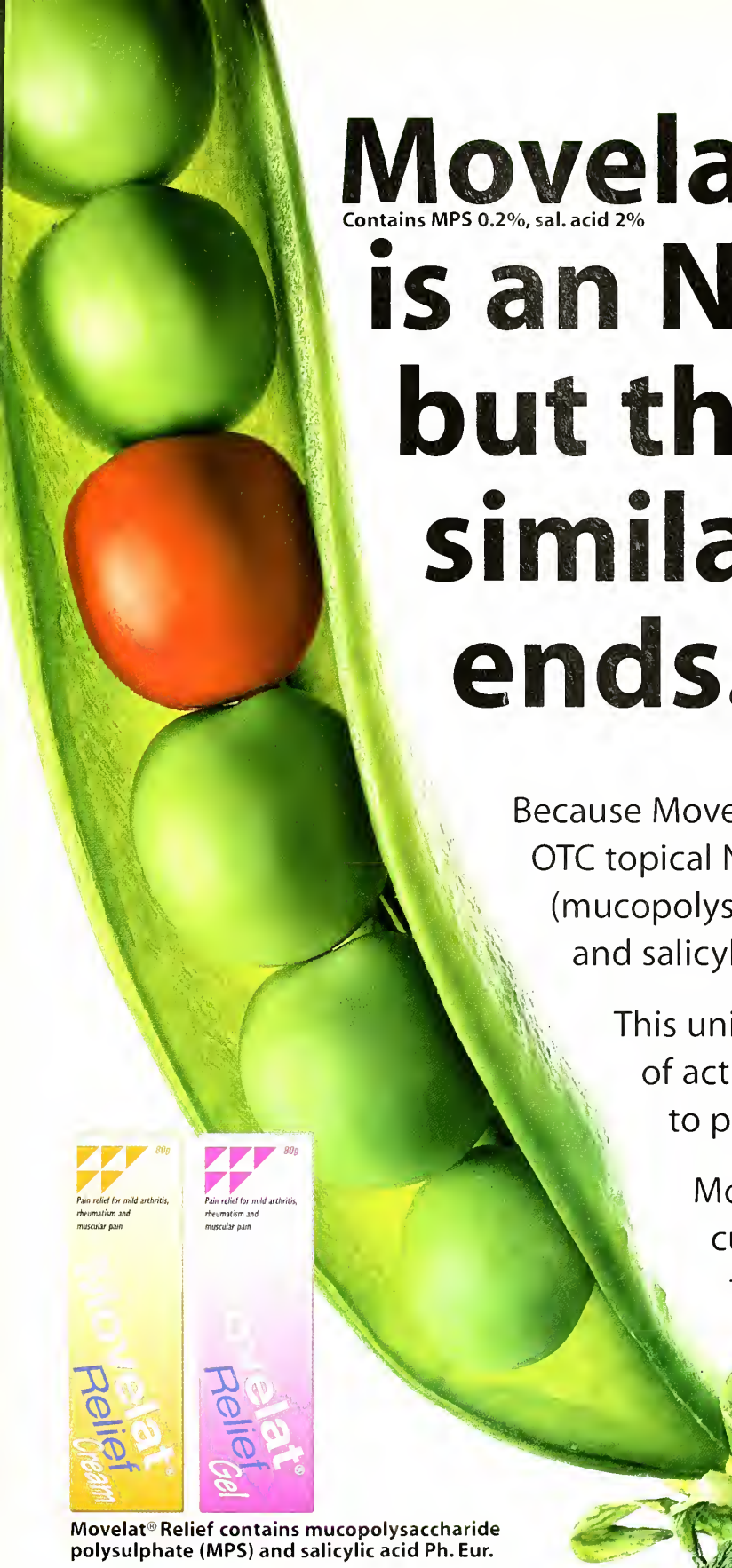
Seronegative spondylarthritis

This condition causes pain and stiffness of the spine and peripheral joints. There are several overlapping types. They are hereditary and there is a strong association with the HLA-B27 allele, although its aetiological role remains unclear. This type of arthritis is less symmetrical and affects fewer joints than RA.

Ankylosing spondylitis (AS) starts in the late teens or early 20s with buttock pain and spinal stiffness, typically worse in the morning - in contrast to mechanical low back pain, which is generally eased by rest. Pain is controlled by nocturnal doses of an NSAID, with regular spinal and chest exercises each morning avoiding irreversible spinal stiffening and deformity. AS may be associated with a lower limb, asymmetrical arthritis, as may ulcerative colitis, Crohn's disease (enteropathic arthritis) and psoriasis.

A similar pattern of arthritis is precipitated by an infection such as dysentery or sexually acquired non-specific urethritis (NSU); this is called reactive arthritis. Treatment is similar to that used in RA.

Continued on P26 →



Movelat[®] Relief

Contains MPS 0.2%, sal. acid 2%

is an NSAID, but there the similarity ends.

Because Movelat Relief is the only
OTC topical NSAID that contains MPS
(mucopolysaccharide polysulphate)
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Movelat[®] Relief contains mucopolysaccharide
polysulphate (MPS) and salicylic acid Ph. Eur.

No wonder this unique combination is the most prescribed topical NSAID

ABBREVIATED PRODUCT INFORMATION: **Presentation:** Movelat/Movelat Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur. 2.0% w/w in a white cream base. Movelat/Movelat Relief Gel contains the same active constituents in a colourless gel base. **Indications:** Movelat/Movelat Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due to rheumatic and non-serious arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: Movelat/Movelat Relief Cream: Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. Movelat/Movelat Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily. **Contra-indications:** Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. **Precautions:** For external use only. **Side effects:** Allergic skin reactions may occur in individuals sensitive to salicylates. **Legal Category:** P. **Pack Details:** Movelat/Movelat Relief Cream (PL 8265/0008), Movelat/Movelat Relief Gel (PL 8265/0009). **Trade Price:** £3.99 per 80g tube, £2.51 per 40g tube. **Retail Price:** £6.99 per 80g tube, £4.40 per 40g tube. Full product information is available on request from the **Product Licence Holder:** Sankyo Pharma UK Limited, Repton Place, Amersham. **Preparation:** January 1999. MRF9901T



**SANKYO PHARMA
UK Limited**

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Crystal arthritis

This is mostly a monarthritis due to sodium urate (gout) or calcium pyrophosphate (pseudogout) crystals. Neutrophils ingest the crystals and release enzymes, which activate complement and cause acute inflammation. The blood concentration of urate depends upon diet, the activity of enzymes that convert purines to urate and changes in renal excretion. Blood levels are usually higher in men.

Gout causes agonising pain, swelling and redness, often of the big toe. It is rare in young men, and in women. It responds quickly to an NSAID, or colchicine if the patient has a history of peptic ulcer. Reduction of alcohol intake and dietary advice to reduce purine load is important.

Frequent or severe attacks are prevented by allopurinol, which blocks the formation of urate from xanthine by blocking the enzyme xanthine oxidase, and causes a rapid fall in serum urate levels. It is important not to take allopurinol during or soon after an acute attack. A regular dose of an NSAID or colchicine during the initial month of treatment prevents it precipitating acute gout. Allopurinol is excreted via the kidneys, so lower doses are essential in renal failure. Long-term diuretic treatment is stopped if possible, as this increases urate retention. Calcium pyrophosphate deposits in hyaline and fibrocartilage can be seen on x-rays (chondrocalcinosis). Shedding of these crystals into the joint precipitates acute monarthritis of knee or wrist, usually in an elderly patient. Aspiring the crystals reduces the pain and an NSAID or Colchicine is used, as for gout. Allopurinol has no role.

Polymyalgia rheumatica (PMR)

This causes severe morning pain and stiffness of the neck, lumbar spine and proximal limbs in people over 55. They often feel unwell and lose weight. The cause is unknown.

It is diagnosed by recognising the symptoms and excluding other possible diagnoses. The ESR and/or CRP are raised. Occasionally giant cell arteritis (GCA) occurs with PMR and causes severe headaches and scalp tenderness. These symptoms must be recognised early as they may lead to blindness. Corticosteroids are essential and rapidly effective in both PMR and GCA. Starting doses are 10-15mg of Prednisolone for PMR and 60-100mg Prednisolone for GCA. The doses are reduced gradually (at 1mg steps below 10mg) over at least a year, often longer. Most (75 per cent) will get off steroids eventually.

Dr Mike Shipley is a rheumatologist at University College London Hospitals

Surprisingly safe

Ibuprofen has always been seen as less safe than paracetamol. The findings of the PAIN study may tip the balance

A common perception - that ibuprofen is associated with more side effects than paracetamol - may be dispelled by a new study comparing their tolerability.

The PAIN (paracetamol, aspirin and ibuprofen new tolerability) study found the tolerability of ibuprofen to be equivalent to that of paracetamol, and better than that of aspirin.

"These findings could lead to a reassessment of the use of first-line analgesics in general practice, recommending ibuprofen first, because of the poor tolerance of aspirin and the potential risks of paracetamol overdose," says the study's author, Professor Nicholas Moore. The results of the study were announced two weeks ago at the World Congress of Pain in Vienna, and published in the *Journal of Clinical Drug Investigation* the same week.

Carried out in France, the blinded, multicentre study was among 8,677 patients aged between 18 and 75 who consulted 1,108 GPs for mild to moderate pain. It compared tolerability of the three drugs taken for common OTC indications, at OTC doses, over a seven-day period. Paracetamol and aspirin were given at doses of up to 3g daily, and ibuprofen at up to 1.2g daily. France was chosen for the study because French patients commonly visit their GP for OTC treatments.

Indications for treatment were musculoskeletal conditions, colds and flu, backache, sore throat, headache, toothache and menstrual pain. The most common were musculoskeletal or back pain (48 per cent), sore throat, common cold and flu (31 per cent). Patients for whom any of the drugs were contra-indicated were excluded.

Patients were given treatment for at least one, and at most seven days. The exact dosage prescribed was left to the GP's judgement. Neither GP nor patient knew which of the three drugs was being taken.

Rates of significant adverse events,

as reported by patients, can be seen in table 3. Aspirin had the highest rate of significant adverse events, with 18.7 per cent, followed by paracetamol with 14.5 per cent, and ibuprofen with 13.7 per cent. Ibuprofen was statistically equivalent to paracetamol in terms of tolerability, and significantly better tolerated than aspirin.

The incidence of total gastrointestinal events and abdominal pain for ibuprofen were 4 per cent and 2.8 per cent respectively, for paracetamol 5.3 per cent and 3.9 per cent, and for aspirin 7.1 per cent and 6.8 per cent. Four cases of GI bleeding with paracetamol, two with aspirin, and one peptic ulcer with aspirin were reported. Because at-risk patients were excluded from the study, there may have been less risk of GI events with the two NSAIDs than in OTC use.

In terms of effectiveness, 74.2 per cent of patients on ibuprofen rated their treatment as excellent or good. This was a significantly higher rating than for both paracetamol (69.2 per cent) and aspirin (68.6 per cent).

The study was funded by Boots Healthcare International.

Relative safeties of ibuprofen and paracetamol are still a much-debated issue within the industry, however. A study last year in the US showed that

patients taking OTC doses of NSAIDs were nearly four times more likely to suffer from GI bleeding or hospitalisation than those taking no drug. Paracetamol did not show any significant increase in the risk of GI bleeding.

A criticism of this study was that the patients were all suffering from rheumatoid arthritis and therefore taking the drugs over a long period. The PAGB viewed the study with scepticism and said that the results should be viewed with caution.

The chronic use of the drugs "is contrary to the recommended usage of the products as stated clearly on the OTC packs and therefore makes this study not relevant to the everyday use of these products in self-medication for temporary pain relief", says the PAGB.

Further evidence should come from a pilot project looking at the OTC safety of ibuprofen which is about to be carried out by the Drug Safety Research Unit (C&D August 14, p5).

The DSRU, a medical charity, will monitor the side effects of ibuprofen bought OTC and how well pharmacists are screening patients for the drug. About 120 pharmacists have been recruited for the year-long study, which is aiming to monitor 3,000 patients.

Table 3: Percentage rates of most frequent significant adverse events by body system and terms from the PAIN study

	Aspirin (95% CI)*	Ibuprofen (95% CI)*	Paracetamol (95% CI)*
Systems			
Whole body	10.1 (9.0 - 11.2)	7.0 (6.1 - 7.9)	7.8 (6.8 - 8.8)
Digestive	7.1 (6.2 - 8.0)	4.0 (3.3 - 4.7)	5.3 (4.4 - 6.1)
Nervous system	2.0 (1.5 - 2.5)	1.9 (1.4 - 2.4)	1.9 (1.4 - 2.4)
Respiratory	1.0 (0.64 - 1.4)	0.6 (0.32 - 0.88)	0.6 (0.32 - 0.88)
Other senses	0.9	0.5	0.6
Cardiovascular	0.7	0.4	0.6
Skin	0.7	0.8	0.6
Musculoskeletal	0.4	0.3	0.2
Urinary	0.2	0.3	0.2
Metabolic	0.1	0.1	0.1
Terms			
Abdominal pain	6.8 (5.9 - 7.7)	2.8 (2.2 - 3.4)	3.9 (3.2 - 4.6)
Dyspepsia	3.1 (2.5 - 3.7)	1.4 (1.0 - 1.8)	2.2 (1.7 - 2.7)
Nausea	2.5 (1.9 - 3.1)	1.5 (1.1 - 1.9)	1.5 (1.1 - 1.9)
Unevaluable**	1.8 (1.3 - 2.3)	1.4 (1.0 - 1.8)	1.3 (0.9 - 1.7)
Headache	1.3 (0.9 - 1.7)	1.4 (1.0 - 1.8)	1.6 (1.1 - 2.1)
Diarrhoea	0.9	0.8	1.1
Asthenia	0.9	0.8	0.7
Somnolence	0.7	0.6	0.8
Pain	0.9	0.6	0.6
Vomiting	0.7	0.4	0.6
Dizziness	0.6	0.6	0.5
Back pain	0.4	0.5	0.7
Flatulence	0.3	0.4	0.4

* Normal approximation. Computed only when overall frequency is >1%

** Adverse event type not specified

Promotion vs regulation

Canadian pharmacist **Pamela Newton** looks at the pressure being exerted by drug companies to allow direct to consumer advertising of prescription medicines in Canada

In a recent TV interview, Judy Erola, a former federal health minister, and now chief spokesperson for the Canadian Drug Manufacturers' Association (CDMA), was lobbying for direct-to-consumer advertising of prescription drugs.

Currently, Health Canada only allows an indirect approach. Drug companies are able to advertise toll-free numbers proffering help and drug information on disease states.

A 1999 industry survey reports that new drug sales are soaring in the US. Canada and Europe are lagging behind in the consumption ratings. The reason for the disparity is not that Americans are sicker, richer or more prone to hypochondria, just that they are more aware of the new prescription drugs available.

US legislation allows direct-to-consumer advertising and this is the major factor fuelling drug sales in the US. Hence, the intense lobbying by the CDMA for the same freedom to advertise in Canada.

In the US, drug manufacturers have by-passed health professionals and gone straight for the consumer. And why not? Surely the public is entitled to know what's available for legal sale, whether or not that sale is regulated by prescription.

Prescription drugs, after all, are not contraband or secret merchandise. They are consumer products subject to legal controls on their distribution. Obviously drug companies are delighted Americans see it this way, and are hoping Canadian authorities will support their perspective.

While Canadian legislators consider it appropriate that regulations control and limit this advertising, the reality is that Canadians already view and read US advertisements. Our proximity to the US ensures we are flooded with US television channels and print media. Canadians watch more US TV than Canadian TV, and they are increasingly influenced by drug ads.

However, advertisers are required by law to state contra-indications and side effects. This makes for useful and balanced information.

Today, the endless flow of information on the internet is uncontrolled and defies regulation. Anything and everything, true or suspect, is on the net.

In my pharmacy, the unofficial drug of the year award goes to celocoxib. This was the first of the new COX-2 selective NSAIDs to reach the Canadian market. Demand, fuelled by word of mouth advertising, is overwhelming.

An informed public has greatly increased the demand for the drug information and counselling provided in the pharmacy. Patients are more questioning. Remuneration for such cognitive services is still in the future, though progress is being made with insurance companies and government plans to remunerate a limited range of pharmacist interventions.

The CDMA has a good case for broader advertising freedom.

However, Health Canada is reasonable in its reluctance to be browbeaten by an assertive lobby group representing a powerful industry.

A recently published report on statin drugs is a cautionary tale of the pharmaceutical industry's influence. The Canadian Co-ordinating Office for Health Technology Assessment (CCOHTA), funded by a \$1.75 million annual budget, spent 13 per cent of its resources on a protracted defence of its right to publish a report on the relative effectiveness of 'statins' in cholesterol control. The drug company took issue with the report, which said all statins do essentially the same thing, equally effectively.

Moreover, the company felt a report by a government-funded agency was not necessarily impartial in that the agency could be influenced by the health department's desire for cost containment. Hence, a government-funded report could prejudice government and private drug plan administrators to promote only the cheapest generically available products.

Canadians swallow C\$ 400m of statins annually, over half of which is paid for by third party plans. That's a lot of lipid control, and a major health budget concern!

With public funding cutbacks, the deep pockets of the pharmaceutical industry are more influential than ever. And spiralling drug costs are increasingly difficult to control.

Pamela Newton is a Nottingham University pharmacy graduate. Since 1985 she has owned the Girdwood Guardian Drugstore in Perth, Ontario, reputedly the oldest drug store in Canada.

Proprietary Association of Great Britain

PAGB

Research in self-care and primary care

The Proprietary Association of Great Britain (PAGB), the trade association representing manufacturers of non-prescription medicines and food supplements, has established a research fund to support innovative research studies into the interface between self-care and primary care. A total of £50,000 is available and will be awarded to one or more successful projects.

Applications are now invited for these grants, which will be awarded to individuals or teams whose projects are clinically relevant and likely to have general applicability within the NHS. Eligible research projects are likely to be based in community and primary care settings and will be expected to generate research output of sufficient quality to be published in the peer-reviewed literature. Outline applications should be submitted on the form provided; shortlisted applicants will be asked to submit a more detailed proposal in advance of an interview with the research board on Monday, 6th December.

Application forms and further details are available from:
PAGB, Vernon House, Sicilian Avenue, London WC1A 2QH
Tel: 0171 421 9318. E-mail: libby.whittaker@pagb.co.uk

Closing date for receipt of applications: 12 noon on 1st November 1999.

Proprietary Association of Great Britain, Vernon House, Sicilian Avenue, London WC1A 2QH. Company Registration No. 375216

Will Christine Glover be the no-nonsense president who unites the Royal Pharmaceutical Society's Council during her term of office? She talks about her plans to
Adrienne de Mont

Improving openness is fine by me

Words like "pantomime", "disarray" and "power politics" were bandied about after a second year in which Council elected a surprise president, to a background of intense speculation about what went on behind closed doors.

Last year Hcmant Patel was elected without ever having been vice-president. This year Christine Glover, who resigned soon after his appointment, was re-elected to Council after a year off. Although she had a substantial vote from the membership, she had a majority of one when Council chose her as president.

While declining to elaborate on the circumstances, she insists it was a clean fight.

"It's called democracy," she says. "If you have an MP who gets into Parliament on one vote, he or she is no less legitimate than one who gets in with a majority of 20,000."

Christine Glover decided to stand again for Council because she felt she could offer the strong drive and leadership needed to take pharmacy into the next millennium. But does she have the support necessary to present a united front outside the profession?

"Getting the support of Council is vital. I will have to get Council working with me, that's for sure. But if we all agree on the policies we are

working towards, it shouldn't be too difficult for us all to push in the same direction.

"Having policies up front is a fairly new way of working for Council. In previous years we used to react to situations. The whole idea of having a menu of objectives to drive for, in pursuing our professional plans, is new. It means our efforts are more focused in trying to achieve the ends."

The controversies surrounding the last two presidential elections make her keen to improve transparency.

"I've always thought Council was much too secretive, which did nothing to enhance our position with the members. Anything that improves openness is fine by me. I have never done anything in Council that I was not prepared to be accountable for, or defend."

But she would not support a system in which pharmacists, rather than Council, voted directly for a president.

"The membership as a whole does not know what skills you have when it comes to chairing different sorts of meetings or mediating and taking people along with you. They have no overall idea of how you performed over the previous year. Some people grow into the job when they become president, some are overwhelmed by it and others just motor along. But you have to have skills of leadership, presentation and communication, and you must be able to chair and run Council affairs effectively."



Christine Glover: "Council has been much too secretive"

Andrew Burr has raised the issue of Council expenses. Mrs Glover says: "I have always favoured the system he proposes and, as vice-president, was pushing for this approach. Sorting out the problems has been hampered by needing to change bylaws and obtain Privy Council approval, but we are now well on our way to a more transparent system."

One criticism she has had to face is that she is no longer a community pharmacist. She sold her pharmacy to Boots and has spent the past year setting up Glovers Integrated Healthcare, a holistic health centre where she concentrates on homoeopathy and giving advice on diet and lifestyle. She still uses her pharmacy training to help patients make the most of any medicines they are taking.

"I have been a community pharmacist for a great deal longer

than I have done anything else," she argues. "I understand the problems of the small contractor extremely well. I was one myself for 16 years and, believe me, it wasn't easy. The health consultations I do now are an extension of what a good pharmacist does."

During her year off Council she remained on the Scottish Executive and served on the Lothian Area Pharmaceutical Committee. "My colleagues in Scotland were fantastically supportive," she says.

She continued to chair the Council's skill mix and remuneration working groups and drove ahead the drug services in community pharmacy report, which she hopes will come to fruition during her term of office.

"The latter is proving difficult, because it crosses two government departments [Health and the Home

Office] but I hope the legal framework or pharmacists offering services to drug misusers will become more user-friendly in the coming year."

The skill mix report is also proving problematical, with pharmacists wondering how they can afford to rain dispensers.

"We have to be realistic," she says. "In a health service that is talking about clinical governance, accountability, quality and standards, it won't be acceptable for unskilled people to come into a pharmacy and start counting tablets. Ultimately, pharmacists who don't offer the right quality assurance and the right service might not get the contract."

"However difficult this is, pharmacists will have to get to grips with it in the best way they can – as they always do."

There was a time when medicine labels were hand-written and we were told we had to use typewriters. We made the adjustment and the profession was better as a result. We have to see dispenser training as investing in order to achieve more.

Investing in people is money well spent.

"If, to move the agenda along, we have to come to some compromise about experienced dispensers then that seems like a reasonable option," she adds, but refuses to be drawn on what that compromise might be.

PIANA progress

As vice-president two years ago, Mrs Glover was a prime mover in the Pharmacy in a New Age strategy. But is it getting anywhere?

"PIANA was a vision and it takes time to translate that vision into action on the ground. The last two years were about putting mechanisms in place to deliver some of the ideas and persuading people outside the profession that those ideas were of value."

"We've made huge strides with the Department of Health, where I think there's a real awareness that pharmacists have a lot more to offer. I hope this will be reflected in the Government's strategy for community pharmacy – when it eventually arrives. Medicines management, at least, is likely to be part of the Department's aims for the profession."

She hopes, too, that the coming year will see pharmacist prescribing being trialed and demonstrated.

"There has also been major progress with local pharmacy development groups. For the first

Life and times

Christine Glover had been on the Society's Council for seven years when she resigned after the presidential election in 1998. She has been on the Society's Scottish Executive since 1988 and is a former president of the National Association of Women Pharmacists.

She has spent most of her working life in community pharmacy, moving from Hampshire to Scotland 20 years ago. She bought a pharmacy in Edinburgh in 1983 and diversified into homeopathy to keep the business viable when the local surgery moved away and the recession put paid to a nearby building development.

She now runs Glovers Integrated Healthcare, a holistic health centre selling homeopathic remedies, dietary supplements and some herbal products. She sees patients by appointment and takes a full medical history, including lifestyle. She then tries to identify problems and devise a strategy to help them manage their condition.

"Although I can't give them any allopathic medicines, I can help them understand their prescription medicines better," she says.

About six GPs regularly send patients to her. Other complementary practitioners work in the same building.

time we have got pharmacists from different backgrounds working together – multiples with independents, and employees with employers. That's an enormous mindset change."

She is optimistic that money will be forthcoming for extended roles,

despite the fact that

this year the Pharmaceutical Services Negotiating Committee rejected two pay offers as totally inadequate and had the final settlement imposed.

"Within the new framework of unified budgets, there will be more flexibility. When primary care trusts want to put money into local priorities there will be the wherewithal for them to do so. Pharmacy must be sure to be in the right place to help them deliver and meet their targets."

"This is where local pharmacy development groups are extremely important and why we need more of them. They can put pharmacy on the map in their area and be sure the profession is represented at the relevant meetings. Otherwise decisions will be made without a pharmaceutical dimension."

She is still a shareholder in the Edinpharm group of independent pharmacies, which extended its original buying group into offering professional services.

"This is a brilliant example of pharmacists working together to achieve better standards and services, and supporting each other. There are tremendous benefits to being part of a group instead of battling away on your own."

"If you put in a bid for services you are much more cohesive than you are as an individual. If you want to do practice research you have more

scope as you can work with a wider range of GPs. Within the group you can develop expertise in different areas; some pharmacists can specialise in diabetes, for example, working for other pharmacies on a sessional basis and possibly offering clinics once a week on the High Street, which is often much easier for patients than going to the surgery or hospital."

"As more pharmacists move into GPs' practices on a sessional basis it will be important to be flexible about who offers these services," she says. "It would be madness, in an area with only one community pharmacist who knows most of the patients, to bring in an outside pharmacist to review medication. The system also has to be flexible enough to ensure that there is no differential in cost, whichever pharmacist goes in."

On the growing trend for pharmacies to relocate into health centres, she stresses the importance of maintaining existing pharmacy networks. Ideally health centre pharmacies should be co-operative ventures.

"Ultimately, if you take away the network, there may be an unforeseen consequence in that all the services available to support the health centre then go out of the window."

Milestones

She has to face several milestones over the coming year, including steering through the new Code of Ethics, deciding how to implement continuing professional development once the pilot trials are complete, and pressing for emergency contraception to become available without prescription from pharmacies.

"It's time to get the Code of Ethics into a more manageable and digestible form. One of the important aspects of being a professional is to be accountable. Pharmacists tend to like everything in black and white, but perhaps there is a need to respond to a situation where they are

more prepared to take responsibility for their own professional decisions. They have good standard operating procedures in place – and that takes us back again to the skill mix."

"CPD, too, comes back to accountability, professional responsibility, keeping up to date and being able to show commitment."

Another high priority is a review of hospital pharmacists' salaries.

"There must be a complete revision of how hospital pay and career structures are linked, so we can encourage pharmacists in this field."

Again on an optimistic note, she is proud to be president of a Society that has an increasingly high science profile. The position paper on cannabis and the resulting public interest has been encouraging. The Society facilitated a meeting between researchers into cannabis and the Multiple Sclerosis Society, which led to some co-operative ventures. The Society also provided expert evidence to the Parliamentary Working Group on Cannabis.

Work on antibiotic resistance, too, should have a positive outcome for pharmacy. The antibiotic policies being developed by hospital pharmacists and microbiologists could be continued into the community.

"This shows how something which started as a scientific issue spills out into all the different branches of the profession," Mrs Glover says.

This leads her to the need for better communications to broadcast pharmacy's potential.

"It's not only the general public who don't understand what pharmacists do, but other professions, too. Work carried out with the Doctor Patient Partnership has shown how doctors and pharmacists can get together as complete strangers and find they have a lot in common. At the end of the day, they are just as worried as we are about being squeezed and if we work together we can achieve much more."

The same applies to communication between the main pharmacy bodies.

"The more the Society, the NPA and PSNC can work together to put pharmacy messages across to the Department, the more effective we will be."

"As president of the Society I see myself as responsible for all pharmacists, which includes industrial, scientific, hospital, academic, as well as community – both employees and contractors. It will be important not to push agendas that marginalise one side or the other. You have to support the whole profession, which is full of bright young graduates who are eager to make their contribution to the health of the nation. We need to make sure they use their skills to the best effect."

"I understand the problems of the small contractor extremely well. I was one myself for 16 years"

MODULE 3 UPPER GASTRO-INTESTINAL HEALTH

THIS WEEK IN CHEMIST & DRUGGIST YOU WILL FIND THE THIRD, UPPER GI TRACT ELEMENT OF THE ROCHE CONSUMER HEALTH / CHEMIST & DRUGGIST PHARMACY ACCREDITATION PROGRAMME. BY COMPLETING THIS MODULE, YOU WILL ENSURE THAT YOU PROVIDE GOOD ADVICE ON UPPER GI TRACT CONDITIONS, AND YOUR ACCREDITATION CERTIFICATE, AWARDED AFTER SUCCESSFUL COMPLETION OF THIS MODULE (MORE COPIES AVAILABLE FROM ROCHE ON 01707 366993), WILL HELP PROMOTE THIS VALUABLE SERVICE TO YOUR CUSTOMERS. THIS PHARMACIST BRIEFING PROVIDES AN OVERVIEW OF THE THIRD PART OF THE PROGRAMME AND HOW TO GAIN ACCREDITATION. ROCHE AND CHEMIST & DRUGGIST WILL DELIVER A FURTHER MODULE LATER IN 1999. AS WITH THIS MODULE, THE NEXT MODULE WILL HAVE ITS OWN CERTIFICATE AWARDED AFTER YOU SUCCESSFULLY COMPLETE ITS QUESTIONNAIRE USING YOUR 'VMS' PIN NUMBER.

LIFESTYLE

Dietary factors can trigger indigestion. For example, fatty foods remain in the stomach longer and can relax the oesophageal sphincter, allowing reflux. Food intolerance or allergy can also cause digestive discomfort – repeated indigestion after eating certain foods may suggest a degree of intolerance. People who are overweight tend to suffer from indigestion more and are more susceptible to oesophagitis. Stress, smoking and alcohol have also been linked to indigestion, as have certain medications, such as NSAIDs, high-dose iron products and some antibiotics. Rushing meals, eating late at night and wearing tight-fitting clothes can also precipitate indigestion symptoms.

Indigestion and dyspepsia are terms used to describe a broad range of symptoms caused by poor digestion of food. These symptoms can be divided into three groups: indigestion, heartburn and dysmotility.

Dyspepsia may be organic or functional in nature. Organic dyspepsia is caused by an underlying medical condition, such as peptic ulcer disease. Functional, or non-ulcer, dyspepsia can have a number of causes, including excessive ingestion of air whilst eating, certain foods, wearing tight-fitting clothes or excess production of hydrochloric acid (HCl) in the stomach.

OTC TREATMENTS

A number of OTC treatments are available. Antacids are the most popular choice for self-medication. They relieve digestive discomfort by neutralising HCl in the stomach. Rafting agents help to prevent reflux of the stomach contents and protect the lining of the oesophagus from acid-related damage. Anti-ulcer agents are used to treat peptic ulcer disease by reducing the amount of acid produced in the stomach. These include H₂-receptor antagonists, which act on the parietal cells of the stomach to inhibit secretion of HCl. Antiflatulents relieve the discomfort caused by a build up of gas in the GI tract by reducing the surface tension of smaller air bubbles, allowing formation of a large air bubble that can be expelled easily. In dysmotility, peristalsis and oesophageal sphincter function may be impaired. Prokinetic agents or motility stimulants help to improve the transit of partially digested food through the GI tract by improving sphincter function and enhancing peristalsis.

APPLYING FOR ACCREDITATION

*IF YOU REGISTERED FOR VITAMINS, MINERALS AND SUPPLEMENTS, DO NOT REGISTER AGAIN. A SINGLE PIN WILL ALLOW MARKING OF ALL YOUR MODULES

To enter for accreditation, study the module and complete the questions included at the end. The module should satisfy the training needs of both Pharmacists and Pharmacy Assistants, provided Assistants are supported in their learning by their supervising Pharmacist. For Pharmacists, the Upper GI Tract module delivers 1½ hours of postgraduate education towards the College of Pharmacy Practice's continuing education requirement. Pharmacists should co-ordinate with the Pharmacy Assistant as they work through the module, providing them with any assistance they may need. When the questions have been completed, phone through your answers using a touch tone phone and the PIN issued to you on registration. A certificate will be awarded on completion of this module.

Your PIN gains you free access to C&D's marking system, which is underwritten by Roche Consumer Health (see registration form opposite or contact your local Roche representative or the company direct on 01707 366993 for additional copies of the learning module). Your results will be made available to Roche.

Please note that calls are charged at the standard national call rates, NOT premium rates. Keep a copy of your answers on the log included in the module. You may wish to pencil in your answers first.

REGISTRATION FORM*

Pharmacist's name

RPSGB or PSNI registration number

Assistant's name

Pharmacy name and address

Post Code

Tel no

Fax no

Send this form to:

Mary Prebble, Pharmacy Group Editorial Projects,
Miller Freeman UK Ltd, Tonbridge, Kent TN9 1RW

Chemex '99 makes hot news at Olympia

Despite the Indian summer weather last Sunday and Monday, Chemex '99 attracted the expected number of visitors through the doors of London's Olympia.

While temperatures soared into the 80s outside, there was no shortage of hot news inside the exhibition centre.

Over 160 companies were represented at the exhibition, which provided a host of new ideas and special deals covering the whole spectrum of pharmacy products and business services.

NPA chairman Kirit Patel, who opened the show, said: "As the main trade show in the pharmacy sector, Chemex plays a very important role in enhancing business as well as professional development."

During the two day event, many pharmacists considered the professional issues affecting pharmacy by attending one of the popular seminars. The topical seminar programme covered issues ranging from patient packs and continuing professional education to the Crown Report and the ongoing campaign to retain RPM.

The National Pharmaceutical Association, the Royal Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee were among the major official

bodies presenting in the seminar theatre.

Visitors to Chemex travelled from further afield than ever, with 10 per cent of visitors from overseas and a 5 per cent increase in UK visitors from outside the London area.

Ian Gerrard, exhibition director, said: "It is an indicator of the event's success that 50 per cent of the exhibitors have already booked for next year."

Chemex 2000 will be held on September 3-4 at Olympia.



NPA chairman Kirit Patel (centre) officially opens Chemex '99, together with Patrick Grice, C&D editor (left), and Ian Gerrard, exhibition director (right)



The busy scene awaiting visitors as they entered the exhibition



5TH-6TH SEPTEMBER 1999 • OLYMPIA 2 • LONDON

CHEMEX'99

WHERE COMMUNITY PHARMACY COMES ALIVE



Pictured on the Royal Pharmaceutical Society stand, with a few "friends of pharmacy" on the wall behind, are a brace of Council members, Professor Clare Mackie (left) and Dr Gordon Applebe (centre) and the Society's 'Over to you' national co-ordinator Anne Adams



It was a family affair on the Noritsu stand as the company processed and developed prints of children taken by a professional photographer in the Chemex Kids' Club, which was sponsored by Noritsu. Parents were presented with free prints of their kids with the red Kodak Colourkins monster

IN BRIEF

Foot spa offer

Healthbrands was offering Chemex visitors the opportunity to sell the Homedics Foot Salon at half price. Normally selling at £39.99, the foot spa is now priced to retail at £19.99 until Christmas or while stocks last. Healthbrands Ltd
Tel: 01622 663358.

CPD – the remedy for personal learning gaps

Identifying personal learning gaps is the first step on the road to continuing professional development. "I don't know" are the three most important words in education," Jennifer Archer, assistant director of the Centre for Pharmacy Postgraduate Education, told delegates at the 'CPD - Needs versus Wants' seminar.

Ms Archer said it was important for pharmacists to recognise these learning gaps and remedy them rather than get embarrassed about them. Pharmacists need to become life-long learners who are ready to ask questions and receive wisdom.

The difficulty that may arise from CPD is learning to balance professional 'needs' with personal 'wants'.

Professional needs for CPD are aimed at ensuring consistent quality of care and standards of practice as defined by national guidelines and government targets.

However, a pharmacist's own CPD needs are likely to centre around their particular areas of interest or around the needs of their local community. 'Personal needs' also means pharmacists want to feel there is something in it for them, such as motivation and reward.

Personal learning does not have to be pharmacy related either, explained Ms Archer. Pharmacists can just as easily learn new skills from external interests such as doing a photography class or being a school governor.



Representing the Centre for Pharmacy Postgraduate Education were (from left) Dr Angela Alexander, tutor for Berkshire, assistant director Jennifer Archer, and Sheila Beaumont, tutor for East Sussex



Picture on left: Carmelo Stamato, key account manager for A1 Pharmaceuticals, explains the merits of the Pilbox range to John Sugarman from Regal Pharmacy. A1 Pharmaceuticals launched three new products at Chemex – Pilbox Pocket, Breatheaze breath freshener spray and Impressions fragrances

Toiletry Village offers special deals on major brands

A major attraction at Chemex '99 was the CBS Genios Toiletries Village – a new concept at the exhibition. The company had invited 20 of its suppliers to take part in the new venture.

Visitors were quick to snap up some excellent special deals from leading toiletry companies like Elida Fabergé, Procter & Gamble, SmithKline Beecham, Smith & Nephew, L'Oréal, Bristol Myers, Schwarzkopf and Gillette.

Smith & Nephew, for example, was offering 20 per cent discount off top brands like LiHets, Nivea and Simple on orders taken at the exhibition.

Richard Castle, Smith & Nephew account manager, told C&D: "We have been extremely busy. When people see strong brands combined with strong deals, they are quick to take advantage of them."

David Hastie, pharmacy sector

manager for Elida Fabergé, was impressed with the way the new concept worked. It attracted plenty of business for the Elida Fabergé team, which focused on the Christmas ranges for top brands like Lynx and Physio Sport.

CBS Genios is an independent wholesaler supplying pharmacists in the south of England, but the company was offering free delivery of Chemex orders to pharmacies anywhere in the country.

Andrew Deacon, chairman of CBS Genios, explained: "We are doing this to raise our profile in chemists, which account for a significant part of our turnover."

"This is the first year for the Toiletries Village and it has brought major toiletry players back into Chemex. Our suppliers are extremely pleased with the way it has worked and there is support for the concept to be bigger and better next year [at Chemex 2000]."

"I hope to be able to expand the Toiletries Village by 50 per cent next year with additional support from more manufacturers."



Business was brisk in the new CBS Genios Toiletries Village with visitors keen to take advantage of special discounts being offered by leading toiletry companies



In the OTC Village, Seven Seas Health Care focused on coping with today's hectic lifestyles with the launch of its new Multibionta multivitamin supplement containing probiotic nutrients. Stress relief was also on hand from Matt Spellman (above) who offered visitors to the stand a free 15 minute shiatsu massage

Shedding some light

Simplicity combined with technology were the themes of UniChem's Millennium Shop, which was designed in association with SGL, one of its approved shopfitters.

Various forms of lighting were used to accentuate products on display: one unit displayed under-shelf lighting for Badesas products. Peter Skinner, UniChem's marketing controller said the emphasis was on a clutter-free display that gave a much stronger message. Such displays would perform particularly well

during the Christmas period, he said, and they enabled the pharmacist to avoid holding huge amounts of stock.

The stand also featured an illuminated back wall - lights behind a shelf fascia - which was aimed at long, narrow outlets that may be dark at the back of the store. Such lighting generates less heat than spotlights and effectively highlights product posters. Mr Skinner said the illuminated back wall would suit displays of upmarket, expensive and beauty care displays.



Peter Skinner, UniChem's marketing controller (left), talks to Italian pharmacists Guiseppe Brambilla (centre) and Racca Annarosa (right) about the Community Pharmacy Initiative



A high performance car is not what you expect to see in a pharmaceutical exhibition, so Vega Nutritional's Vauxhall Vectra drew more than a few admiring glances. The car is one of four that Vega is driving around heavily populated areas of the UK as an 'advertisement on wheels'. L-r: Rizwan Sayani, Javid Iqbal, Minell Zala, Suzanne Armstrong-Owen and Kalpesh Patel

Miner's professional make-up artist Caroline Donnelly proved to be a hair-raising attraction on the Paul Murray stand where visitors could have a free make-over



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CHEMEX '99



Pharmacy software/hardware specialist Positive Solutions is close to sealing a deal with Numark - details will be revealed within a couple of weeks. Numark, along with UniChem, already endorses PS' software which is also recommended by the National Pharmaceutical Association. Emma Powell, Positive Solutions marketing executive, demonstrates the company's EPOS systems



National Pharmaceutical Association members were able to pick the brains of (from left) business services manager Trefor Williams, chairman Kirit Patel, Chemists' Defence Association legal executive Glyn Walduck and Neil Williamson, head of pharmacy planning



Interest was high in new Rennie Duo and Coaguchek S - a new meter for anticoagulation monitoring - which were both on the Roche stand in the OTC Village

The final word ...

Distributor Activ8 was at Chemex for the first time, and Nick Armstrong, director of sales and marketing, said afterwards: "As a platform for us it was brilliant. We want to be there next year."

The company, set up nine months ago, already boasts a healthy client list

that includes Bayer Diagnostics, 3M, Manx, Ardern, Lifeplan, Fleur Aromatherapy, Jo Hansford and FQI.

"We were very pleased with orders but what was stunning was the 40 plus leads we had from prospective clients who we might distribute for," said Mr Armstrong.

Economic growth picking up

Big changes in the cost of borrowing, sparked by the need to encourage growth or cool an overheating economy, have long been a bane to businesses and consumers as they try to formulate spending and investment plans. So are future changes in UK interest rates likely to upset the relative stability of recent months?

As the gradual slowdown in UK growth at the end of last year gives way to a gentle upturn, there are few signs that inflation – except in some parts of the housing market – is set to surge. But many analysts believe interest rates will be forced up in order to stifle nascent inflationary pressures before the end of this year.

Government statisticians say that the retail price index fell by 0.3 per cent during July, and rose by just 1.3 per cent at the annual rate (the same as in the two previous months). Meanwhile, prices of chemists' goods moderated to a year-on-year rate of 2.3 per cent, from 2.5 per cent in June.

Look further back in the inflation pipeline and the signs of a dangerously overheating economy are equally hard to find, with factory gate prices rising by a modest 1.1 per cent in the year to July.

Yet there is no lack of evidence that growth is starting to accelerate. In the second quarter of the year the total value of household spending increased by 5.3 per cent compared with the same time in 1998 – and in

volume terms the increase was 4 per cent. In the first quarter, expenditure had risen at an annual rate of 3.3 per cent in volume terms.

In the High Street the increase in spending admittedly weakened in July, according to official figures, from an annual rate of 4 per cent in June to 2.7 per cent. However, survey evidence from the Confederation of British Industry and the British Retail Consortium was of a robust pick-up in consumer demand.

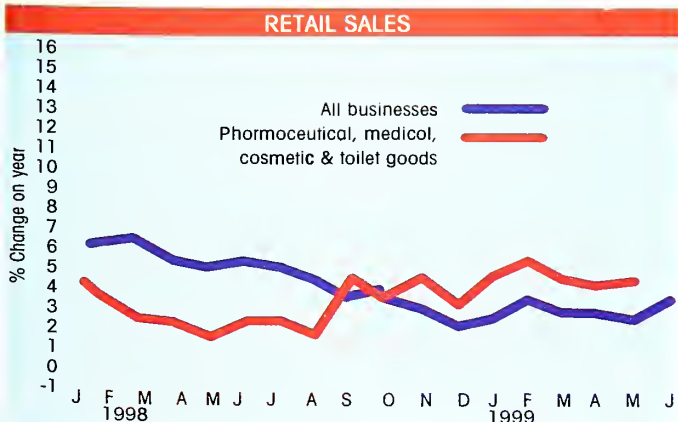
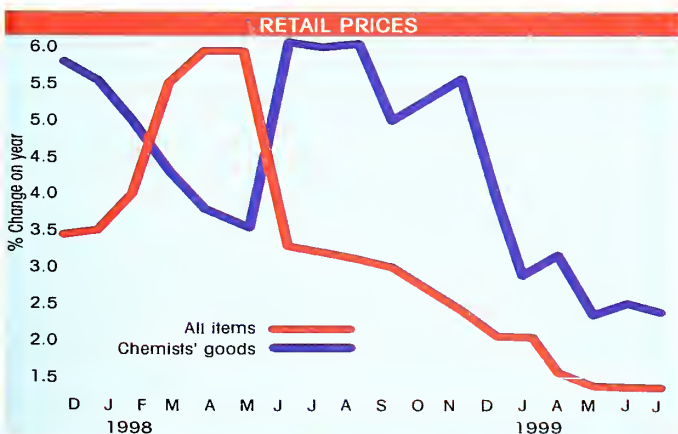
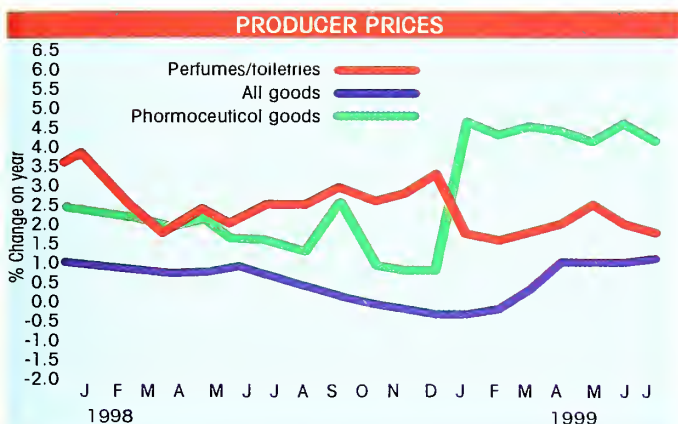
The CBI reported the strongest year-on-year growth in chemists' sales volumes since last autumn, while the BRC said that perfumes and cosmetics recorded stronger growth, and "healthcare and treatments continued to perform well". Official figures for the three-month period to July – a more reliable guide to the overall trend in consumer demand than single month figures – point to an annualised growth rate of over 5 per cent.

Turn to manufacturing and even this previously beleaguered sector of the economy is showing increasing signs of life. Figures for July from the Chartered Institute of Purchasing and Supply reveal a surge in new factory orders, accompanied by the second consecutive month of output growth. Government estimates indicate overall manufacturing growth of 0.4

per cent between the first two quarters of 1999, with output of pharmaceuticals up by 7.2 per cent and toiletries and cosmetics higher by 3.7 per cent.

The latest forecast by the CBI is that manufacturing output will drop at an annual rate of 0.8 per cent this year, before growing at a 1.1 per cent rate in 2000. At the same time household spending growth is expected to ease from 2.9 per cent this year to 2.5 per cent next, but retail price inflation will increase from 2.1 per cent this year to 2.3 per cent in 2000.

So where does that leave the outlook for inflation and interest rate stability? According to the National Institute of Economic and Social Research, the well respected think-tank, some of the factors that have contributed to recent low levels of inflation are unlikely to be sustained as the economy gathers pace. "Import prices will cease falling around the end of 1999 and pay settlements will pick up sharply as the upturn keeps the labour market tight." The Institute's conclusion is that there is now a clear prospect of an upturn in costs and prices that will see inflation rising to 3.1 per cent by the end of 2000 – and interest rates back up to 6 per cent by the end of 2001.



Latest	% change on previous period	% change on previous 3 periods	% change on year
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PRICES AND COSTS

Retail prices (Jul 1987 = 100)

All items	Jul	-0.3	-0.1	1.3
Chemists' goods	Jul	0.1	0.6	2.3

Producer prices (1990 = 100)

Manufacturing industry, excl food	Jul	0.0	0.0	-0.5
Chemical industry	Jul	0.2	0.3	-0.9
Pharmaceuticals	Jul	-0.1	-0.4	4.2
Perfumes & toilet preparations	Jul	0.0	0.8	1.7
Lip & eye make-up preparations	Jul	0.0	1.9	4.0
Dental & oral hygiene preps	Jul	0.0	-0.1	4.4
Shaving preps, deodorants	Jul	0.1	-0.1	0.4
Adhesive dressings	Jul	0.3	4.5	3.5

Average earnings (Jul 1990 = 100)

Whole economy	Jun	0.5	-4.4	5.3
Chemicals, chemical products	Jun	0.9	2.6	6.3

OUTPUT (1990 = 100)

Chemicals, man-made fibres	Q2	1.8	0.3	0.8
Pharmaceutical products	Q2	7.2	7.1	9.1
Perfumes, cosmetics, toiletries	Q2	3.7	0.9	6.3

SALES

Consumer expenditure (current prices)

Total, £bn	Q2	1.4	3.8	4.0
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Retail sales (value, 1990 = 100)

All retail businesses	Jul	2.4	4.9	3.3
Chemists	Jun	2.3	9.4	6.4

OTHER BUSINESS INDICATORS

Consumer credit – net lending (£m)	Jun	4.8	-0.9	8.6
Unfilled vacancies ('000)	Jul	0.9	2.5	1.9
Claimant unemployment (%)	Jul	-4.0	-6.3	-8.8

Sources: Central Statistical Office, Department of Employment

Wholesalers resign from PATA

Pharmaceutical wholesalers have resigned *en masse* from the Proprietary Articles Trade Association (PATA), whose members are fighting to retain resale price maintenance on OTC medicines, because they feel they were being "targeted unfairly" by the Office of Fair Trading.

The OFT is gathering information from wholesalers, manufacturers and pharmacy groups in preparation for the court case on RPM, which is to be heard in October next year.

Michael Watts, director of the British Association of Pharmaceutical Wholesalers, said the OFT sent out three sets of questionnaires [whose contents had been agreed by PATA] to the three groups. Wholesalers, he said, were extremely irritated to receive 19 pages of detailed questions. "They don't have the time to fill these in and the information the OFT wanted was disproportionate to their role in RPM," he said.

IN BRIEF

ISOsafe controls temperature

ISOsafe, a company specialising in medical technology, has launched ISOsafe VTC, a portable container with electronically verifiable temperature control to safeguard the condition of vaccines and bioproducts. It said the container followed research which showed that while health professionals uphold cold chain protocols, the containers being used often fail to conform to these standards, and they cannot verify that the correct temperatures have been consistently maintained.

Pharmacies perform below par

Pharmacists were one of the weakest performing retail sectors in August, according to the Confederation of British Industry's distributive trades survey. The balance of pharmacy sales (those reporting an increase in sales against those who experienced a drop) was 12 per cent – most other retail sectors reported higher results. The CBI expects retail sales growth to accelerate in September.

Easi-Breathe earns top status

Norton Healthcare's Easi-Breathe, the breath-operated inhaler, has been granted Millennium Product status by the Design Council. The status is designed to give recognition to the UK's most innovative and pioneering products.

The OFT needs to know only wholesalers' discount levels in regard to their role in RPM, he said, and these levels are already transparent.

Wholesalers are believed to have taken legal advice, which recommended resignation as one of the better options. "Wholesalers felt it would take them out of the firing line if they resigned," said Mr Watts, but stressed that wholesalers would continue to back the Community Pharmacy Action Group's fight to retain RPM.

Wholesalers are due to meet at a BAPW council meeting on September 21, and Mr Watts is confident they will vote to continue giving financial support to CPAG.

Chris Etherington, UniChem's managing director, confirmed the company is still firmly behind RPM and will be "able to provide an input through membership of the BAPW ... Wholesalers were involved in the 1970 RPM case because of the focus on prescribed medicines. These products are not the focus of the current case. We continue to co-operate with all parties, as we have done so to date", he said.

Gerry Harraway, PATA's director, admitted he was surprised to receive the wholesalers' resignations, which arrived at the Association a week ago, but he appreciated their reasons for doing so. "They're sufficiently behind CPAG and will back the RPM cause if and when they're asked to ... I don't



Gerry Harraway, PATA's director

think their resignations will undermine the case," he said.

Last Sunday, before news of the PATA resignations had been sent to the OFT, CPAG secretary Sue Sharpe said the resignations would help make CPAG's case easier to complete as the data would relate solely to those affected.

While anticipating that the OFT will try to make political capital out of the news, Mrs Sharpe was also confident of wholesalers' commitment to the case.

Mrs Sharpe pointed out that Asda, which had registered as a party to the case, has withdrawn from the action after the announcement of the Wal-Mart take-over. "While I have no doubt that Asda will continue to use any

opportunity to drive an agenda, it would be a bit of a cheek for them to try and make capital out of an issue like this."

CPAG chairman David Sharpe blasted the OFT for apparently confusing its powers of investigation with legislation. In a normal inquiry into a company's business affairs, the OFT has certain powers of investigation. But as the OFT is now party to a court hearing, it has no investigational powers. Instead, it has to come to agreement with the opposing parties as to what data is necessary and how and what should be collected.

Because of the OFT's apparent confusion, said Mr Sharpe, wholesalers were being asked to perform a task that would waste huge amounts of time, human resources and finances.

On September 3, the PAGB sent manufacturers a circular telling them that wholesalers were resigning and explaining why.

As the OFT and Asda will try and capitalise on the resignation, says the circular, the PAGB will stress that the BAPW continues to be part of CPAG and thus committed to the cause of RPM. "The resignation from PATA is a legal issue only and reflected the fact that they have little to contribute to the case in terms of evidence and opinion and would therefore rather avoid the expense," it says.

Shila Kelly, PAGB's director, said: "Wholesalers who have pulled out of PATA have confirmed they have no intention of pulling their retail chains out of the RPM case." This was the crux of the matter, she added, as far as manufacturers were concerned.

The OFT told C&D on Tuesday that it had been told about the wholesalers' resignations, but could not comment until it had heard their reasons.

Jeff Poole's leaving surprise for AAH

Jeff Poole, AAH Pharmaceuticals' group sales director and managing director of Enterprise, its OTC/PI/generic distributor, has unexpectedly left the company for "personal reasons".

The move was so sudden that AAH has not had time to consider who will succeed him – Steve Dunn, its managing director, will take control of Enterprise's board and AAH's group sales function until further notice.

Mr Dunn said: "Jeff has made a significant contribution to the success of the Enterprise business and we wish him well."

Finding a successor to Mr Poole will not be easy, particularly as he has played such an integral role in Enterprise. He joined the company 20 years ago as a rep and worked his way up to the top – he has been its managing director for five years.

Enterprise has developed from a relatively small company to one whose turnover is believed to exceed £200m.

However, C&D's sources suggest that Mr Poole had not fitted into his additional role of group sales director as well as AAH had expected.

A self-confessed workaholic, Mr Poole relished handling two jobs. Now that he has gone, Mr Dunn may well need to make two appointments.



Jeff Poole, formerly AAH's group sales director

UniChem launches new finance scheme

UniChem has launched the Pharmacy Finance Scheme to replace its Loan Guarantee Scheme - it says the new scheme retains the strengths of the old model, while introducing extra features.

While the LGS was run in conjunction with eight High-Street banks, the PFS uses only National Westminster Bank. UniChem said NatWest was chosen because it had offered the best package.

One of PFS' new benefits is a 0.25 per cent rebate - paid every six months - on the interest rates pharmacists are charged on their loans. As with the LGS, pharmacists who arrange loans through the PFS are charged at 1.25 per cent above the inter bank rate, which is the rate at which banks lend to each other.

John Jaquiss, controller UniChem Commercial Support, said the rebate meant pharmacists were receiving better terms on their loans.

UniChem will continue to charge pharmacists a finance fee equivalent to 1 per cent of the loan, but the fee has been capped at £1,000 based on the amount of the loan - a saving of £250 on the fee under LGS.

And PFS has scrapped the bank's arrangement fee and security fee on loans. Pharmacists have to pay only "out of pocket expenses", such as land registry fees.

The conditions on the scale of PFS'

loans remain the same as those of LGS.

NatWest, meanwhile, is offering preferentially priced terms on its credit card payment equipment, called Streamline.

Pharmacists taking up the PFS package can also choose a cashback facility for customers buying products in the pharmacies. Mr Jaquiss said this option is designed to encourage more customers to enter pharmacies. "A lot of pharmacists are in locations that are not close to bank dispensers, so this facility will encourage people into these pharmacies and, hopefully, [they will] spend more when they're there," he said.

The facility will also reduce pharmacists' bank charges.

Pharmacists who have a loan under the previous LGS can take advantage of PFS' better terms by completing a short application form, and by providing up-to-date financial information and FP34s.

Mr Jaquiss said PFS, like LGS, will be constantly developing to meet pharmacists' new needs - its link with NatWest would be an advantage. "We can help the bank to focus on pharmacists - we recognise there's room for further development for banks to understand pharmacists' needs," he said.

● UniChem will be rolling out software that can compare independent pharmacies' performance with typical

Moss Chemist outlets at the end of the year.

Its category average performance (CAP) report is part of the revamped Moss Advisory Service (C&D July 3, p28) and initially involves a questionnaire - the independent pharmacist gives UniChem's representative details of the pharmacy's average sales in a host of product categories, and lists whether the outlet's location is High Street, suburban or health centre. The software then indicates, in percentage terms, how far the pharmacy is under-performing or over-performing Moss outlets. Having pointed out weak sales areas, UniChem's sales representative can create a special Moss planogram to strengthen the categories' sales.

The software used the performances of 353 Moss stores as its representative sample. During the roll out all UniChem regional sales managers and national account managers will have access to CAP software on their laptops.

Pharmacists were given a taste of the software at UniChem's Millennium Shop at Chemex.

Peter Skinner, UniChem's marketing controller, said: "We're not trying to turn pharmacies into Moss clones, we're just showing them where they're under-performing and suggesting where changes can be made. It's up to the pharmacists if they want to make these changes."



(L-r) Steve Pateman, NatWest's corporate director and John Jaquiss, controller UniChem Commercial Support

Meanwhile, UniChem is developing a 'sales presenter' software to replace much of the paperwork of its sales representatives. The new software will enable its account managers to send pharmacists' orders via e-mail.

UniChem has relaunched its marketing credits scheme which is part of its Community Pharmacy Initiative programme. The wholesaler is offering pharmacists 100 marketing credits - equivalent to £70-£100 - every time the pharmacy passes a quarterly mystery shopper test.

New rewards include pick 'n' mix merchandising units, branded personalised staff badges and new prescription and carrier bags. CPI now has 900 members.

NCI seeks 500 members by end of year

New Concepts for Independents (NCI), the company specialising in pharmaceutical marketing, aims to attract another 100 pharmacy members by the end of the year and plans to eventually recruit a total of 2,000 around the UK.

NCI liaises with pharmaceutical manufacturers to arrange marketing programmes tailored for independent pharmacists. The company currently has 400 pharmacy members, most of whom are located in south-east England, and are committed to running the marketing/promotional programmes it has arranged. Its pharmacy members, in return, receive special promotional discounts and other incentives. Each pharmacy is audited

to ensure they are complying with the programmes.

Membership of NCI is free, while NCI earns its revenue by charging manufacturers for its marketing services.

Pritpal Thind, a pharmacist who founded NCI and is now its marketing director, said it was time to broaden the geographic spread of its members. His nationwide drive had already begun at NCI's Chemex stand, which attracted 50 new members by mid-afternoon on Sunday. New recruits were based in places ranging from Manchester to Scotland.

NCI has worked with around six manufacturers, although its main clients are Novartis and Schering Plough. Each marketing campaign runs for two months and NCI is currently working on two for Nicotinnell and Echinaforce.

Mr Thind said that generating awareness of products through independent pharmacies increased sales 30 per cent more than through a TV advertising campaign.

Those who want more information can contact NCI on: 0181 740 9443.



Pritpal Thind, NCI's marketing director, aims to recruit another 100 members by the end of the year

COMING EVENTS

MONDAY, SEPTEMBER 16

Weald of Kent Branch, RPSGB

Postgraduate Medical Centre, Kent & Sussex Hospital. Buffet held at 7.30pm. Speaker at 8.15pm. Dr Tim Palmer speaking on 'Cardiovascular disease and other targets for health improvement'.

ADVANCE INFORMATION

Two **Pharmaceutical Sciences Group RPSGB Workshops** will be held on **September 17**: 'Enhancing the oral absorption of poorly-water soluble compounds', and 'The transition to HFA propelled inhalers'. These are one day satellite workshops held in conjunction with the BPC. Venue: Cardiff. 'Priority setting in the NHS' will be held on **September 21**, 9am-5pm. A conference on practical answers to who should get what treatment. To be held at Scientific Societies Lecture Theatre, London. To register tel: 0171 801 6322. **BrAPP** annual conference on Therapeutic Advances on **21-22 September** at The Commonwealth Conference & Events Centre, London. To register, tel: 0171 404 3404.

The Pharmacy Practice Research Group School of Pharmacy, The Queen's

University of Belfast and The Eastern Health and Social Services Board are holding a Repeat Dispensing Conference on **September 22** at the Stakis Hotel, Templepatrick from 9.30am to 5pm. Details from Dr S Varma, Conference Co-ordinator, School of Pharmacy, Belfast.

UKCPA Care of the elderly group study day will be held on **September 22**. Registration 9.30am. Course finishes 4.15pm. Venue: Quality Cobden Hotel, Birmingham. Details from Mrs Pat Kennedy, tel: 0116 277 6999.

UKCPA Education and training group study day, 'Competency - defining professional practice' on **September 23**. Registration 9.30am, course finishes 4.30pm. Venue: Conference Centre, Cardiff University. Details from Mrs Pat Kennedy, tel: 0116 277 6999.

The Public Health Nutrition Unit is holding a seminar on Nutrition for Pharmacists on Friday, **September 24** from 9am to 4.30pm at Trinity & All Saints, a College of the University of Leeds. Tel: 0113 283 7317.

The UniChem Convention, September 25 to October 3 in Malaysia. For details of travel arrangements contact Soler on 0171 738 2837.

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Proposed advertisement copy (maximum 30 words)



Sue and David Sharpe, secretary and chairman of the Community Pharmacy Action Group, launched the group's 'Local Heroes' campaign at Chemex (C&D September 4, p6). In the CPAG seminar, 'RPM; let battle commence', Sue Sharpe said that a sample of community pharmacists would shortly be asked to complete a questionnaire about their business. This information will be used to support CPAG's argument in the Restrictive Practices Court next year. "It's something they have to do – without this information we cannot win," she said. Mrs Sharpe promised that all information will be handled in complete confidence

Society triumphs at last

It may not be the Ashes, but the Royal Pharmaceutical Society has finally scored a victory in a three-year battle.

With the aid of the London School of Pharmacy, the Society has thrashed the Guild of Healthcare Pharmacists to win the Ann Lewis Trophy. Heady victory clouded the memory of RPSGB/SoP wicket keeper Roger Odd, but he thinks his team's score was of the order 165 all out. However, he is quite emphatic about the GHP score, all out for 59.

Last week's match at SoP's country pad, Middleton House, Essex, was the third such annual trophy match. Tony Moffat captained the Society team, while Guild president Peter Cook captained the tourists.

Mr Odd was particularly pleased with the victory, and said the trophy would be put on public display at Lambeth HQ. Wisden, take note.



Pictured after the match is the RPSGB/SoP team with wicket keeper and head of professional and scientific support Roger Odd far left and team captain Dr Tony Moffat who also doubles as head of science. Two of the team appear to have gone for early showers



Over 100 pre-registration trainees, their tutors and head office personnel attended the Moss Chemists' trainees end of year dinner. Awards were presented to students of the year Rishi Bhatia, Lindsey McClure and Paul Hughes. Pictured are the pre-registration students with (front centre, left to right) Barry Andrews, managing director Moss Chemists, Caryl Webb, superintendent pharmacist, personnel and training director, Rt Hon Kenneth Clarke, chairman of Alliance UniChem, and Roger Cotton, personnel executive, Moss Chemists

Peter Marks has been appointed non-executive director of Stockport Health Authority. Mr Marks is a community pharmacist in Stockport. He has been a practising pharmacist for 20 years and a member of Stockport Local Pharmaceutical Committee for eight years.

Ethical Holdings has appointed **Martyn Pitman** as chief financial officer. He was previously vice-president. Mr Pitman replaces Michael O'Sullivan, who is joining Plexus Ventures.

Double Dutch

Much of our correspondence received from overseas requires some imaginative translation and a pinch of salt, but this letter from Holland stretched our dictionaries to the limit.

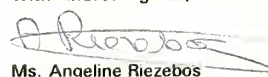
We weren't sure whether to send a copy of our world famous Price List or a member of the office staff.

Dear Sir, Madam,

I have obtained your address from the Ministerie van Volksgezondheid, Welzijn en Sport, Directie Genees- en Hulpmiddelenvoorziening in The Netherlands, as we are interested in obtaining an English medicine pricelist. I would appreciate it if you could send me a recent pricelist. Is this possible?

Thank you.

With kindest regards,


Ms. Angeline Riezebos
Product manager

What's in a name?

Chronic Fatigue Syndrome should be re-christened if it is to be taken seriously, according to a US study.

A more scientific sounding, preferably unpronounceable, moniker for the condition would obtain a lot more sympathy for its sufferers, said Professor Leonard Jason, the study's author. Its run of the mill name is apparently hampering efforts to gain recognition and government support for the syndrome in the US.

The study revealed that medical students' perception of the severity of the disease varied according to the title it was given. Three names were used for the same condition – plain old CFS, the superior sounding myalgic encephalopathy (ME) and the much nicer Florence Nightingale Disease.

Results showed that about 40 per cent of medics reviewing cases bearing the titles of CFS and Our Lady of the Lamp thought it likely or very likely that the patient would improve. But only 16 per cent who thought they were seeing a severe case of myalgic encephalopathy felt the patient was in with a fighting chance of recovery.

So next time a patient asks for advice about their common cold, don't forget that they may be suffering from the more serious conditions of George Wellington Disease or even infective viral rhinitis. And remember, a little bit of sympathy goes a long way.

All aboard the NHS

Hospital ships are the latest proposed solution to the shortage of NHS beds.

According to an article in the *Daily Mail*, anyone prepared to travel to the ports of Plymouth, Newcastle or Glasgow could have their operation at sea. Two hospital ships, being built for the Ministry of Defence and each containing 200 beds, could be shared with the Department of Health.

It begs the question of whether the on-board pre-med would contain a tot of rum or a couple of Stugeron tabs?



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A unique opportunity

The OTC Village at Chemex has rapidly become an established forum for leading OTC manufacturers, who use it to educate visitors about areas in which they have a particular interest. Manufacturers are well aware of the importance of ensuring pharmacists and their staff have a sound knowledge of the conditions and methods of treatment in the therapeutic areas where they are marketing products. This supplement contains extracts from some of the leading experts who presented papers at Chemex '99. It allows C&D's wider audience to learn about new OTC markets which are being developed as new products are launched, the conditions which can be treated over the counter broaden, and knowledge of the benefits of health supplements increases. Getting the right message across to consumers about OTC medicines and their usage is also important. In the leading article Tina Funnell, chairman of CHIC advisory panel, outlines what the industry is doing to get that message across, and its plans for the future.

Proprietary Association of Great Britain

Pharmacists' advice can speak volumes for consumers

Encouraging dialogue across the counter

Tina Funnell, chairman, CHIC Advisory Panel

Glaxo Wellcome UK

Modifying intestinal bacteria with diet

The role of the gut flora in aiding digestion

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Plantar warts are more than a cosmetic nuisance

Sue Fisher, Bray Health & Leisure

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Pharmacists' advice can speak volumes for consumers

Tina Funnell, chairman of advisory panel to the Consumer Health Information Centre, explains what the OTC industry is doing to encourage a dialogue between consumers and pharmacists, and to promote safe self-medication

The Consumer Health Information Centre, otherwise known as CHIC, is an initiative run by the Proprietary Association of Great Britain with support from an independent advisory panel. It aims to help the public increase their understanding of common ailments, and through awareness campaigns, offers guidance on improving their management of their own health.

Research has shown the need for such a campaign. For example, in one year almost 60 per cent of people saw their doctor because of a minor ailment. This is despite the fact that eight out of ten adults believe it is important to have medicines that they can buy over-the-counter to help relieve such minor conditions.

With an increasing number of medicines switching from prescription to OTC sale, consumers of the future will have a greater choice of medicines to buy over the counter. They need to be able to make informed decisions about the medicines they buy, and to be aware that the pharmacist is a professional from whom they may seek advice.

When CHIC was set up in October 1997, it was the first time in the PAGB's history that it had taken the decision to talk directly to consumers. In advance of launching CHIC, the Association had carried out extensive research to identify the information needs of consumers.

This research revealed some interesting facts about minor illness and its treatment:

- 91 per cent of adults suffer at least one minor ailment over a two-week period. Colds and headaches are the most widely reported ailments

- 10 per cent of these common ailments are reported to the GP, resulting in 96 million consultations, 63 million prescriptions and 14 per cent of all NHS prescriptions

- 86 per cent of consumers agree that the pharmacist is a good source of advice/information about minor medical problems.

Six out of ten feel that people should use the pharmacist for advice on minor ailments more often and visit the doctor less

- consumers are now more prepared to manage minor episodes of ill-health, compared with ten years ago
- one of the biggest barriers to self-treatment was the lack of sufficient knowledge, particularly in terms of diagnosing the problem. Reassurance was found in detailed advice
- consumers find advice from healthcare professionals useful but, interestingly, they found the media an equally useful source of advice. Eight out of ten consumers will look

for professional medical advice if they are at all unsure about a problem

- once a course of action has been taken, consumers will tend to repeat it. This is particularly true when consumers visit the GP and receive a prescription

- Consumers want reasoned explanations and actionable advice.

Messages of encouragement to self-treat from the government are likely to be mistrusted, with people feeling that access to the NHS is being denied. However, messages which come from a cross-section of health

professionals and consumers are more likely to be well regarded.

The PAGB also identified that minor ailments represent a huge economic burden in terms of both prescriptions and GP workload.

While the vast majority of consumers are prepared to self-medicate, they are put off by a lack of knowledge about minor problems and how to treat them.

Setting up CHIC

In creating CHIC and formulating ideas for campaigns, the results of the research were kept to the fore. An advisory panel was set up which included pharmacists, GPs, nurses and consumer organisations.

The panel plays an important role in identifying campaign themes, ensuring the accuracy and credibility of all information given. It provides spokesmen for the media, and provides important links with other health organisations.

The aims of CHIC were agreed to be those of:

- bridging the gap between consumers' aspirations and their actions by promoting better understanding of the products available
- helping consumers to take control of the management of their ailments
- encouraging people to adopt healthier lifestyles

Since September 1997 the CHIC has offered advice to consumers in four ways:

- through an 0845 local call rate helpline staffed by pharmacists
- via leaflets and fact sheets on common ailments
- via its own interactive website
- through consumer media information campaigns including press releases and background information.



How to win The COLD War
Guide to Treating Colds and Flu

Are you fighting the cold with a handkerchief stuck to your nose? Chances are, a few days ago you shook hands with someone suffering from a cold or the flu. This is not something out of James Bond. You really do catch colds and flu viruses from touch as well as sneezes. Worse still, antibiotics are not helpful in the battle. So be wise: understand? You say?

First it helps to know your enemy

Cold	Flu
Catches up usually	Rapid attack
Temperature rises after 24 hours	Temperature rise within 24 hours
Near normal appetite	Poor appetite
Slight headache	Often severe headache
Blocked or runny nose & sneezing	All over aches and pains
Sore throat	Feeling sick and vomiting
Fatigue	Generally exhausted

Counter-attack
Forget antibiotics - they won't make any difference to a simple cold or the flu. Instead you can visit your pharmacist for advice but be prepared for the pharmacist or counter staff to ask about your symptoms.

Question time

- Some people need to be more careful than others about taking medicines. You will be asked if the person who is ill is a child, elderly, pregnant or breast feeding and also whether they have any other conditions.
- A good clue to what you have is how long you've been suffering. You may be advised to see your doctor if you have had the symptoms for longer than two weeks or if symptoms are severe.
- Some medicines interact badly with each other. Tell your pharmacist about any medicines, including herbal or complementary remedies, that you are already taking.

The Home Guard
You don't have to wait for reinforcements to arrive. Here are some self-help tips to make life easier.

Blocked or painful ears and sinuses. Nasal decongestants can help clear the tubes connecting your ears to your throat which can cause dull hearing when they are blocked. Spritzed, vapour may also help. Add a few drops to a glass of hot (not boiling) water and breathe in through your nose. If it's the pain with paracetamol or ibuprofen.

CHIC campaigns

To date the Consumer Health Information Centre has run three campaigns. Ebenezer Sneezer's colds and flu campaign is run on an annual basis. This is a major initiative - the facts and figures tell their own story:

- there are nearly 200 viruses known to cause colds
 - more women catch colds than men but they are less severe
 - colds become less common as people get older
 - in Britain alone, more than 150 million working days are lost each year because of flu-related illnesses at a cost of £6.75 billion
 - between 4-15 per cent of people over 20 years old catch flu each year
- Ebenezer Sneezer is our weapon in the fight against minor winter ailments. He features in a poster for GP surgeries and a patient information leaflet called 'Ebenezer Sneezer's Guide to Colds and Flu'.

In January a new guide to treating colds and flu called 'How to Win the Cold War' was produced by CHIC. It was a unique four-way collaboration between the Doctor Patient Partnership, the Royal Pharmaceutical Society, the National Pharmaceutical Association and the Royal College of Nursing.

It highlights a common concern about the way people are treating colds and flu. The guide aims to help people to differentiate between colds and flu, and to give them the confidence to treat themselves. If people need further reassurance, they are encouraged to visit their pharmacy rather than battle with queues at the surgery.

This year CHIC will be pointing out the different ways of treating flu, including a reference to anti-virals, but will still point out that in all cases the symptoms can be safely self-treated with confidence.

The second campaign, 'De-stress Not Distress', was launched in June 1998. It deals with the fact that we all face a certain amount of stress in our day-to-day activities.

Stress is the biggest cause of illness at work and has been linked to many minor ailments including indigestion, headaches, loss of appetite, poor sleeping habits, diarrhoea and skin rashes. It can exacerbate conditions such as eczema and irritable bowel syndrome.

If left untreated, stress can lead to a number of serious conditions including hypertension, diabetes and stomach ulcers.

The CHIC leaflet is a practical guide for patients, providing helpful tips which they can incorporate into their everyday lives. It also gives important information on how to treat the minor symptoms of stress with appropriate OTC medicines. In May this year, CHIC launched a third campaign, 'Men's Health', with the strapline 'Are you getting enough from your body?'

According to our research, the vast majority of men aged 16-34 are still too embarrassed to talk to their pharmacist about



De-Stress not Distress

A guide to coping with stress

The future

October will see the launch of our annual 'colds and flu' campaign, which this year will take up the MIS 'Winter Planning' theme, encouraging consumers to have a sensibly stocked medicine chest to carry them over the long Christmas and New Year Holiday.



Are you getting enough...

Making an impact

CHIC has made an impact. Our leaflets and posters have been snapped up by pharmacies, libraries, GPs' surgeries, schools and consumers alike.

The campaigns have received extensive press coverage in the national, regional, consumers and healthcare media.

However, CHIC still has a long way to go. We are confident that if at some point we are able to repeat the research which led to the formation of the CHIC, we will see greater consumer self-confidence in the area of self-medication, and a greater use of pharmacy expertise.

a range of conditions: 51 per cent won't talk about piles, 12 per cent cannot talk about constipation, and 9 per cent cannot bear to discuss diarrhoea.

Only 18 per cent of 16-34-year-old men put more effort into looking after their health than into relationships (81 per cent), jobs (17 per cent) sport and hobbies (11 per cent).

Using humour and sensual imagery, this campaign aims to show men that it is in their best interests to look after their health.

Specifically, it looks at the skin and scalp, and at gastro-intestinal complaints - two of the largest areas of suffering by men in the age group.

Supporting literature provides a symptoms and remedies checklist to advise men on what to ask for at the pharmacy by name, rather than having to describe their symptoms; contact information for the CHIC 'Menzone' website; and the pharmacist helpline.

Once again CHIC will be working with the Doctor Patient Partnership, the RPSGB, the NPA and the RCN.

May 2000 will see the launch of the 'Older Persons' campaign looking at minor ailments related to ageing which can be self-treated, such as aches and pains, insomnia, and GI problems.

Other future campaigns will include 'Women's Health' and 'Health for School Age Children'.

All campaigns will be underpinned with self-treatment guides for specific ailments.

Modifying intestinal bacteria with diet

John Cummings, a consultant at Ninewells Hospital and Medical School, Dundee, looks at the role of the gut flora in aiding digestion. This presentation was made on behalf of Glaxo Wellcome UK

Although bacteria are present in the whole of the human intestinal tract, those in the mouth, stomach and small bowel are not thought to contribute to health and exist in substantial numbers only in disease.

The stomach normally harbours low numbers of bacteria, around $\log 10^1$, which are not thought to play any role in digestion. However, about 50 per cent of the UK population over the age of 50 carry large numbers of *Helicobacter pylori* in the stomach, acquired during childhood.

These bacteria lead to gastritis and are now known to be the cause of gastric and duodenal ulcer. They also increase risk of gastric cancer. They can be cleared from the gut by a combination of antibiotics and H₂ receptor blockers or proton pump inhibitors, which suppress gastric secretion. Many people who suffer mild dyspepsia carry gastric *H. pylori*. However, the eradication of these bacteria from the stomach is not recommended unless there is clear evidence, or history of, peptic ulceration. *H. pylori* are not thought to be under dietary control in any way.

However, the human large intestine, along with that of all other mammals, harbours a luxuriant growth of bacteria present at $\log 10^{12}$, ie one thousand times the world's population. The principal species are *bacteroides*, *bifidobacteria*, *clostridia*, anaerobic cocci and *enbacteria*. The principal role of the human large intestinal flora is to complete the digestive process by breaking down materials which are not absorbed from the stomach and small intestine, thereby salvaging energy and nutrients. This process is known as fermentation, and the metabolic role of the large bowel flora is determined principally by the amount and type of substrate available.

The major substrates are carbohydrates which include resistant starch, non-starch polysaccharides (dietary fibre), oligosaccharides and some sugars. These carbohydrates are broken down by the concerted action of the bacteria to produce a range of products, of which the major ones are the short-chain fatty acids, acetic, propionic and butyric acids. Butyric acid is particularly important for the health of the colonic epithelial cell. It is the major energy source, and has an important role in differentiation and gene expression, and thus in preventing bowel cancer. Propionate is cleared by the liver and is thought to influence cholesterol metabolism, while acetate provides a fuel for the tissues.

Fermentation also stimulates bacterial growth in the bowel, a direct result of which is an increase in the mass of bowel content and ultimately a laxative effect. This is the main mechanism whereby materials such as dietary fibre (non-starch polysaccharide) exert their beneficial effects.

Thus what we eat influences bacterial metabolism in the large intestine directly, and the symbiosis between human host and its bacteria gives us the benefit of this final stage of digestion carried out by the bacteria. The nature of the carbohydrates in the diet has a prime influence on this process.

There is, however, another dimension to the dietary control of gut flora that is now emerging. About a century ago Metchnikoff suggested that intestinal bacteria could be divided into those that were harmful and those that were helpful. Beneficial bacteria include *bifidobacteria* and

lactobacilli, while harmful ones include *clostridia* and *coliforms* as well as the known gut pathogens.

For many years people have fed *lactobacilli* and *bifidobacteria* in various forms, particularly in 'live' yoghurts, as a health-giving measure. Studies show that these *lactobacilli* reach the large intestine and can eventually be detected in faeces.

However, as soon as the oral supplement is finished the bacteria disappear from faeces. A supplement of live

bacteria in food which is intended to improve the balance of the gut microflora is known as a probiotic.

The main benefits claimed for probiotics are stimulation of immune function and an increase in barrier resistance against invading bacteria that cause diarrhoea.

What has emerged in recent years, however, is that by altering the diet it may well be possible to stimulate particular species of bacteria in the colon specifically and so get the benefits of the probiotic bacteria through dietary means alone.

An example of this is the feeding of fructo oligosaccharides or inulin, which stimulate the growth of *bifidobacteria*. Such food ingredients, which benefit the host by selectively stimulating the activity of specific gut bacteria, are known as prebiotics.

We have shown in our laboratories that prebiotic foods have this selective activity both in vitro and in vivo and, perhaps more importantly, result in the suppression of growth of other species such as *clostridia*.

Other human feeding studies have shown that supplementing the diet of children with *bifidobacteria* will reduce the number of episodes of acute gastrointestinal infection. Animal studies suggest that probiotics may protect against large bowel cancer while prebiotics may stimulate the immune system. Further examples of the control of specific bacterial species by elements of the diet are now emerging. The question we must ask is whether this manipulation of the flora is beneficial.

At present the evidence is incomplete but, on the other hand, the intestinal bacteria are implicated in diseases such as ulcerative colitis, Crohn's disease and cancer. It is quite likely that we will increasingly be able to manipulate the flora by diet and other means in the future.

John Cummings is a member of the University of Dundee Department of Molecular and Cellular Pathology, and an Honorary Consultant Physician at Ninewells Hospital. For 20 years he headed a team of scientists at the MRC Dunn Clinical Nutrition Centre in Cambridge working on digestive physiology and diseases. He moved to Dundee in 1998.



Aren't bones meant to last a lifetime?

Jinda Main, nutrition manager at Whitehall Laboratories, explains the link between nutrition and osteoporosis

It is an understandable perception ... bones should last a lifetime! However, one in three women and one in 12 men are at risk of a significant loss of bone density within their lifetime, leading to osteoporosis.

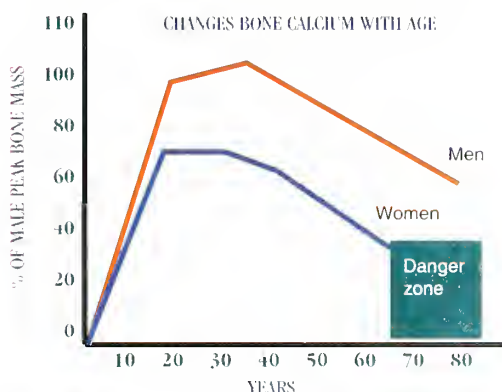
Many nutritional factors have been studied relating to bone health, none more so than calcium and vitamin D. It is now accepted that these nutrients play a role which begins before birth and continues throughout life.

The Committee on Medical Aspects of Food Policy (COMA) published a report on 'Nutrition and Bone Health' in 1998 which clearly identified the role of both these nutrients in the maintenance of strong bones and prevention of osteoporosis. Peak bone mass is reached between 25 and 35 years of age, and lifestyle factors such as diet and exercise are important in enabling individuals to achieve a bone mass which reflects their genetic potential.

Many clinical trials in children, adolescents and young adults show the benefits of calcium supplementation or calcium-enriched diets in increasing bone density.

Once peak bone mass is achieved, adequate calcium intake is necessary to ensure that bone loss is minimal. In most people, this averages 0.3 to 0.4 per cent per year from 35-40 years.

The menopause brings about an increased loss in bone density due to the loss of the female hormone oestrogen,



which causes an increase in the rate at which osteoclasts break down bone, without a compensatory increase in the rate at which osteoblasts replace and build it.

This increased rate of bone loss has been estimated at 2-5 per cent a year and may continue for as many as eight to ten years after the menopause. There is as yet little evidence that calcium supplementation in the five years after menopause has a marked effect on bone density. The most effective means of maintaining bone density during this time is hormone replacement therapy.

There is, however, significant evidence that the effect of HRT with calcium supplementation may be greater than that of HRT alone. Clinical trials in women who are more than five years past the menopause have shown convincing evidence of a protective effect on bone health. This is particularly evident where calcium and exercise are combined.

Although calcium supplementation did not in all cases arrest bone loss, bone density was 1-3 per cent higher in those groups receiving supplemental calcium, and bone loss was reduced.

Despite this evidence, COMA decided in its recent report not to increase the dietary reference values for calcium to nearer those made by the USA, Canada and UK National Osteoporosis Society. There is much debate about the methods used to calculate these requirements, and also the lack of long term follow-up trials which use clinical outcomes.

The role of vitamin D

Vitamin D increases calcium absorption from the small intestine and influences both calcium deposition and resorption from bones. Most people's vitamin D status is adequate, although our major source comes from the action of the UV component of sunlight on the skin.

For varying reasons, certain groups are at risk of poor vitamin D status and supplementation is recommended. They include the elderly, housebound, Asians, pregnant and lactating women, infants and those living at extreme northern latitudes where UV radiation is absent for almost half the year. The public has until fairly recently been ignorant of the role of these nutrients in bone health. In a recent survey, commissioned by Whitehall Laboratories among women aged 40+, only 11 per cent of respondents knew that one in three women were at risk of osteoporosis. Ninety per cent of them did, however, know that at the menopause women start to lose more calcium from the bones than is replaced.

Among recent changes in our diet is the decrease in milk consumption. The National Diet & Nutrition Survey of adult diets showed that 27 per cent of 16-18-year-old girls, and 10 per cent of women (aged 19-50 years), have intakes below the lower reference nutrient intake. This is the level that is thought to be consistent with deficiency and, according to COMA, may not be compatible with good bone health. Of all population groups, teenage girls and women appear to have the worst diets, and this may reflect a tendency to miss breakfast and avoid dairy products, and repetitive dieting.

Although men are a lower risk group, as many as 25 per cent of fractures in adults over the age of 65 are in men. Similarly, over-exercise or excessive dieting in young women, resulting in a low body weight, can cause cessation of menstruation and the loss of the protective effect of oestrogen.

Fractures caused by osteoporosis cost UK plc and the NHS £940 million every year, but the UK spends less on early detection and diagnosis than most other European countries. Early detection of bone loss is key to the prevention of unnecessary suffering and the escalation of healthcare costs. The annual cost of prescribed calcium and vitamin D supplements is estimated to be about £120 per person.

With the incidence of osteoporosis set to grow, it is important to raise awareness of lifestyle factors which can be controlled by individuals. Of these, regular weight-bearing exercise and ensuring a healthy and balanced diet which includes adequate levels of calcium intake and exposure to sunlight are the most important.

Although the recent growth in the calcium supplement market is likely to reflect increasing knowledge among key 'at risk' groups, there remain significant opportunities for pharmacists to discuss osteoporosis risk, particularly with women at or approaching the menopause.

Realising the potential of the diabetes category

Roche Diagnostics explains why the diabetes market has so much to offer pharmacists

Many people who visit a pharmacy have a self-limiting illness which will eventually go away, with or without treatment. Sufferers of chronic conditions, such as diabetes, have to learn to live with the condition for the rest of their lives. There are 1.4 million people in the UK with clinically diagnosed diabetes, representing 3 per cent of the population. There are two main types of diabetes:

- Type 1 (or Insulin Dependent Diabetes Mellitus)
- Type 2 (Non-insulin Dependent Diabetes Mellitus).

A fifth of diabetics have type 1 diabetes, which usually occurs during childhood or in young adults. Type 2 is the most common form, occurring in 80 per cent of sufferers. The typical patient is over the age of 45, and probably overweight. Poor control, resulting in persistently high glucose levels, can lead to long-term complications. These include retinopathy, neuropathy, nephropathy and macrovascular disease. Untreated, these can lead to kidney failure, gangrene and amputation, blindness and stroke.

After 30 years of diabetes, about a quarter of diabetics develop kidney disease and need dialysis or a kidney transplant. Half of all lower limb amputations are due to diabetes, and it is the leading cause of blindness in the UK. Diabetics are two or three more times at risk of heart attack

and stroke than average. No wonder that 7 per cent of healthcare expenditure in the UK is spent treating diabetes and its complications. Good diabetes control can help reduce long-term complications. Two trials have proved just that.

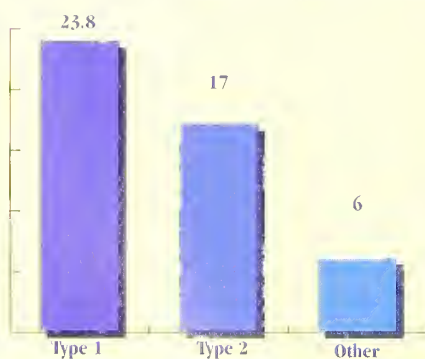
The Diabetes

Control & Complications Trial took place over 10 years and involved 1,441 type 1 diabetics aged 13-39. As a result of good glycaemic control, a 76 per cent reduction in developing retinopathy was observed, as was a 41 per cent reduction in macrovascular disease, and a 60 per cent reduction in neuropathy.

The UK Prospective Diabetes Study focused on type 2 diabetics in a study involving 5,102 patients. It looked at both improved blood glucose control and blood pressure. The trial showed that good glycaemic control cut major eye disease by a quarter and early kidney damage by a third.

The diabetic patient is valuable to the pharmacist in many ways. Not only has their regular blood glucose testing fuelled sales of blood glucose meters and test strips – a combined market worth over £62 million – but diabetics receive up to ten times as many prescriptions as the average patient and visit their pharmacy four times more frequently (see graph).

Average no. of pharmacy visits per year



The blood glucose meter market in is a relatively new one for pharmacy, and has witnessed incredible growth over the past 18 months, fuelled by products such as Roche Diagnostics' Glucotrend Soft Test System and Glucotrend Premium.

The blood glucose strip market also continues to grow at an impressive 20 per cent and is set to see double-digit growth well into the millennium. This makes diabetes monitoring one of the fastest growing categories in pharmacy.

Developing the category

Experience shows that giving your blood glucose meters a prominent display leads to a considerable increase in sales. A recent UK study showed the number of meters sold was increased by a factor of 18, simply by giving them shelf presence. Categories complementary to diabetes products, such as eyecare and footcare, can see an uplift in sales as well.

You should stock at least one simple-to-use meter for everyday use, and a more advanced meter that offers data management.

Blood glucose meters sit well alongside other personal diagnostics, such as blood pressure monitors and cholesterol tests, both of which are also important tools for diabetics.



Education and training

Well trained staff can play a key role not only in managing diagnosed diabetics, but in helping to detect the reported 1 million people who remain undiagnosed. If any of your customers present with any of the following symptoms, it could be that they have developed type 2 diabetes:

- increased thirst
- increased need to urinate
- increased appetite with weight loss
- repeated or hard to heal infections of the skin
- repeated episodes of thrush or cystitis

A simple test can be carried out in the pharmacy, using a Glucotrend, plus SoftClix Pro and lancets, which can be used for multiple patient testing.

Other services include carrying out blood glucose meter demonstrations, or QC tests on new strips. Your Roche representative can help you organise meter check days, diabetes screening days and diabetes advice days. Let potential customers know about your services. Place leaflets in the prescription bags of your diabetic customers. Mail customers with any new promotions or services. Establish links with practice nurses to encourage newly diagnosed patients to come to your pharmacy, and get to know the diabetes nurse specialists at your local hospital diabetes clinic.

Probiotics and their role in modulating gut flora

Professor Glenn Gibson, of the Department of Food Sciences and Technology at the University of Reading, outlines the benefits of probiotics. This presentation was made in behalf of Seven Seas Health Care

The intestinal microbiota forms a diverse and complex ecosystem. In comparison to other regions of the gastrointestinal tract, the human colon is an extremely densely populated microbial ecosystem.

It is now accepted that the large gut flora plays a major role in both human pathogenesis and health. Through diet, the composition of this microbiota can be influenced such that micro-organisms which are benign or even health promoting can be stimulated.

Impact of diet

Diet plays an important role in the maintenance and improvement of human health through the provision of growth substrates for the microbiota. It is possible to categorise the gut microbiota components on the basis of whether they exert potentially pathogenic or health promoting aspects. Lactic acid producing bacteria such as the *bifidobacteria* or *lactobacilli* have a long standing health-linked image.

The use of probiotics has been widely supported. Beneficial viable cultures, such as *lactobacilli* and *bifidobacteria*, are used to proliferate populations in the gastrointestinal tract.

Probiotics are defined as live microbial feed supplements which beneficially affect the host by improving its intestinal microbial balance. To be effective, probiotics must be capable of being prepared in a viable manner and on large scale. During use and under storage, the probiotic should remain viable and stable. It should be able to survive in the intestinal ecosystem (enteric coating strategies are used in products such as Advanced Formula Multibionta) and the host should gain beneficially from harbouring the probiotic.

Clearly, the organisms used should be generally regarded as safe.

Probiotic benefits

A number of benefits can be ascribed to probiotic intake.

● Effects on pathogens

The most compelling evidence for the success of probiotics probably lies in their ability to improve resistance to pathogens. Lactic acid excreting micro-organisms are known for their inhibitory properties. In humans, viruses, protozoa, fungi and bacteria can all cause acute gastroenteritis. Viral infections play a major role, but bacteria are also of high significance. There are a number of potential mechanisms for probiotic micro-organisms to reduce intestinal infections, both bacterial and viral.

Firstly, metabolic end products such as acids excreted by these micro-organisms may lower the gut pH to levels below those at which pathogens are able effectively compete. Also, many *lactobacilli* and *bifidobacterial* species are both able to excrete natural antibiotics which can have a broad spectrum of activity.

For the *bifidobacteria*, our studies have indicated that some species are able to exert antimicrobial effects on various Gram-positive and Gram-negative intestinal pathogens. This includes the verocytotoxin strain of *Escherichia coli* 0157:H7.

Other studies have shown that probiotics can stimulate a non-specific immune response to intestinal pathogens like salmonellae and rotavirus.

● Irritable bowel syndrome

There is evidence to suggest that probiotics play an important role in helping to overcome the symptoms of irritable bowel syndrome. Typical IBS triggers are: dietary imbalance, stress, anxiety or depression, food intolerance and long courses of antibiotics which may alter the natural bacterial balance in the body.

Although symptoms may subside or disappear for days, weeks or months, IBS usually recurs throughout life. Probiotic supplementation has been found to help redress the balance of these important nutrients when probiotic levels have been depleted.

● Thrush

Compared with the number of bacteria that infect humans, there are very few fungi that cause problems. Those that do fall into two groups: yeasts and filamentous fungi.

Candida is one of the yeasts, and is very similar in form to the type used to make bread rise. When viewed under a microscope, they are seen as small round organisms, while the filamentous fungi produce long threads made up of a series of single-celled organisms joined together.

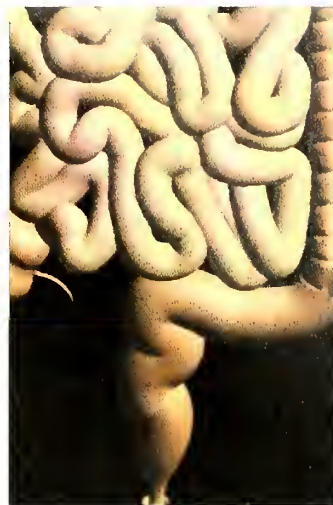
Following extensive research there is strong evidence to suggest that supplementation with probiotic nutrients can help prevent and reduce the length and severity of attacks.

A key nutrient

The microflora of the gastrointestinal tract is a key factor for digestion and the health of the host.

Microflora modulation can occur through diets that contain probiotics. Supplementing the diet to induce microbial change offers a very straightforward approach towards improved health that is consumer friendly and effective.

Probiotic supplements can help the immune system protect the host against bacterial and viral infections which can exert a protective effect against common stress.



Sorting the dyspeptic from the ulceritic

Dr William Dickey, a consultant gastroenterologist at Altnagelvin Hospital, Londonderry, suggests a treatment protocol for patients who come to the pharmacy complaining of dyspepsia. This presentation was made on behalf of Roche Consumer Health

Upper gastrointestinal (dyspeptic) symptoms are very common, affecting 20-40 per cent of the population at some time. Many patients will initially visit the local pharmacy with a view to self-medicating.

This is good news for the overburdened NHS, but a mixed blessing for the pharmacist, who may be the first professional contacted by patients who have serious underlying disease.

As a hospital gastroenterologist I perform about 20 endoscopies each week on patients with the symptoms of dyspepsia and see at least as many at my clinics. Some require hospital investigation and treatment but others could have been managed, if not by OTC medication, then by their GPs. The majority of people with dyspepsia do not have serious underlying disease. There are two major criteria that can be used to select those who are more likely to have major disease and therefore need medical assessment.

First, significant gut disease is much more common in the over 40s. In patients of this age group the development of symptoms for the first time, or a change in long-standing symptoms, is important. They should be advised to seek medical advice rather than self-medicate.

Second, there are 'alarm' symptoms which should prompt medical referral irrespective of patient age. These are:

- persistent vomiting
- weight loss not due to dieting
- dysphagia (a sensation of food sticking on the way down after swallowing)
- severe abdominal pain
- any suggestion of bleeding from the gut. This may be evident by the vomiting of fresh blood or dark brown material (blood digested by stomach acid), or passing black tarry stools (again blood which has been digested)
- a history of anaemia (the patient may be taking iron).

Angina symptoms may also be interpreted by the patient as indigestion - a sensation of heaviness in the chest or upper abdomen which is brought on by exertion. Specific inquiry should always be made about these symptoms.

Non-ulcer dyspepsia

Among patients under 40 with no alarm symptoms, the majority will have no abnormality on routine blood tests, endoscopy, or gallbladder scan. These patients fall under the diagnosis of 'non-ulcer dyspepsia'. Symptoms of this disorder may be classified within three groups:

- reflux type: heartburn, waterbrash, regurgitation
- ulcer type: upper abdominal discomfort, 'hunger pain'
- dysmotility type: bloating, 'trapped wind', burping

Why do patients get these symptoms if there is nothing to find on investigation? In addition to acid irritation, another cause is the problem of dysmotility.

This can be described as a disordered contraction of muscles (peristalsis) within the oesophagus and stomach, and of the valve which prevents reflux of acid and other gastric contents into the oesophagus (the lower oesophageal sphincter).

There is also evidence that some sufferers may be abnormally sensitive to acid irritation.

Which symptoms develop depends to some extent on the level of disordered peristalsis. Thus, reflux arises primarily from problems at the oesophageal and lower oesophageal sphincter level, and bloating from disordered gastric emptying.



What to do ...

Lifestyle advice should be the first approach. Dieting if overweight, stopping smoking, and reducing excessive alcohol intake are important. Heavy greasy meals, particularly late in the evening, should be avoided. Patients should eat slowly to prevent air swallowing. Tight clothing increases the reflux tendency and aggravates symptoms.

The traditional OTC remedy is antacid therapy. Sodium and magnesium salts tend to cause diarrhoea, calcium and aluminium constipation, so many preparations contain a combination of one from each group. Depending on the nature of the patient's symptoms, other agents may be indicated.

For reflux, alginate in combination with antacid is more effective than antacid alone. Recognising that gastric contents other than acid cause oesophageal irritation, such as food matter and bile, alginate forms a viscous raft on top of the gastric contents and helps prevent reflux.

Alginate based preparations should be standard first-line therapy after lifestyle modification and have a useful role for breakthrough symptoms even if the patient has progressed to prescription medication.

For dysmotility symptoms, simethicone is an anti-foam agent which causes coalescence of small air bubbles within the stomach into one or two large bubbles and allows their discreet expulsion by mouth. Again, simethicone is usually prescribed as a combined preparation with antacids.

If patient symptoms respond to lifestyle modification and these OTC remedies, no further action is needed. However, if symptoms persist or require high doses of OTC medication for control, medical referral is required.

Non-ulcer dyspepsia is often a chronic problem which may require repeated courses of treatment. Unfortunately the success of *Helicobacter pylori* eradication as a one-off treatment for peptic ulcer has not been repeated for non-ulcer dyspepsia.

Dr William Dickey is a consultant gastroenterologist based at Altnagelvin Hospital, Londonderry. He is a graduate of Queen's University, Belfast and completed his postgraduate training in gastroenterology at university hospitals in Northern Ireland and the Netherlands. He is the primary author of more than 50 papers in medical journals.

Ways to be rid of verruca vulgaris

Plantar warts are more than a cosmetic nuisance, as Sue Fisher, marketing manager at Bray Health & Leisure, explains ...

The common wart (*verruca vulgaris*) is a widespread medical problem, especially among young people, and is responsible for a high percentage of dermatology referrals. Increased use of public swimming pools in recent decades is undoubtedly linked to the greater incidence of plantar warts, for example.

Plantar warts at the base of the foot are commonly referred to as 'verruca'. Sites such as the heel or the ball of the toe are where there is the greatest likelihood of cross-infection. Warts are caused by the human papilloma virus (HPV), of which there are more than 60 types, which correspondingly give rise to different types of wart. This virus causes the familiar neoplastic changes within the dermal or mucosal tissue.

The condition is contagious and there is a high likelihood of reinfection of the same patient, or transfer to other people. This is reflected in the tendency of warts to develop in sites where there is a greater probability of cross contact – hands, fingers, lips and the base of feet (where infected tissue shed by a previous individual is driven up into the macerated skin of a new subject).

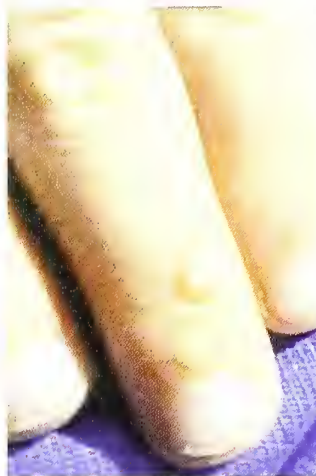
The immunological condition of an individual seems to have bearing on the survivability or recurrence of warts, and on the degree of susceptibility to original infection. In many cases warts will clear up without any form of treatment, although this may take months or years.

Warts are generally regarded as benign and no more than a cosmetic nuisance, and medical opinion is divided as to whether they should be treated at all. However, the condition can be disfiguring and stigmatising.

It is questionable that no harm is done by constantly having to walk on what may be an excruciatingly painful plantar verruca. This can undoubtedly affect stance and gait, and possibly give rise to biomechanical problems – perhaps permanently to growing children. The decision to treat a particular wart or verruca should be taken with this in mind.

Treatment options

Treatments for warts fall into two categories – physical and chemical. The former includes such operations as curettage, surgery and freezing out by liquid nitrogen. These may be painful and lead to scarring. The chemical category can be sub-divided further into cytotoxic and caustic, although the distinction between these two is often blurred in



terms of the biochemical mechanisms involved. Broadly speaking, cytotoxic agents affect the cellular mechanisms of the infected tissue, particularly those involved in genetic processes. Cytotoxic agents include such substances as podophyllin (and

its derivatives), and fluorouracil. In view of the nature of their action these chemicals are systemically toxic and may be accompanied by, in some cases, strong side effects.

Podophyllin derivatives are often used for genital warts.

In contrast, caustic agents destroy the affected tissue by mass chemical action. These agents include a number of obviously corrosive chemicals such as nitric and chloroacetic acids, the hazards of which are self-evident.

Salicylic acid is a commonly used caustic, available in several proprietary preparations, sometimes with lactic acid. Another caustic agent is silver nitrate.

Silver nitrate has been included in the British Pharmacopoeia and British Pharmaceutical Codex since the earliest issues, and is believed to have been mentioned in a pharmacopoeia in Rome in 69 BC. It is time-tested and widely available. Silver nitrate owes its causticity both to its tendency to bind to protein and other biomolecules (effecting denaturation), and to its oxidising action.

Although silver nitrate presents the usage hazards of a caustic material, it offers distinct advantages in that topical absorption and systemic toxicity is very low. It is often 'toughened' by fusing it with potassium nitrate to improve its mechanical and handling properties.

Toughened silver nitrate is available in the form of the Avoca wart and verruca treatment. The kit includes a toughened silver nitrate caustic pencil, as well as the peripheral items needed to make full use of this such as protector pads, adhesive plasters and an emery file.

The method of use for such treatments is very simple – filing of the wart, positioning of the adhesive protection pad (which covers the skin around the wart), moistening of the caustic tip and application of the tip to the wart for two minutes.

The protective pad is then removed and a plaster is applied. Up to three applications may be needed for a wart and six for a plantar verruca, which is usually harder to dislodge.

Users should follow the instructions carefully, and be aware that such products are not for use in sensitive areas such as the eyes, and are counter-indicated for genital warts.



Photo: Dr A.L. Harris

